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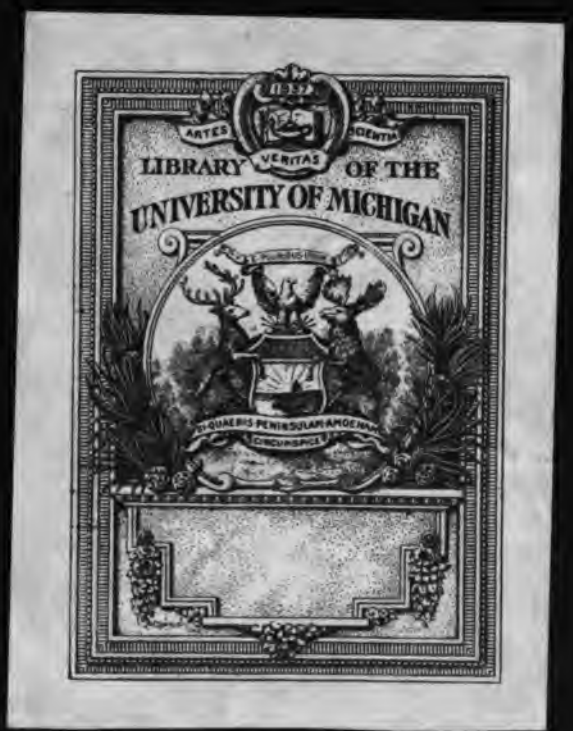
OF THE

BRITISH CONGRESS ON TUBERCULOSIS

FOR THE

PREVENTION OF CONSUMPTION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TRANSACTIONS

OF THE

British Congress on Tuberculosis

FOR THE PREVENTION OF CONSUMPTION. London, 1901.

LONDON, JULY 22nd to 26th, 1901.

Patron:
HIS MAJESTY THE KING.

President:
FIELD-MARSHAL H.R.H. THE DUKE OF CAMBRIDGE, K.G.

VOLUME I.

GENERAL MEETINGS,
LISTS OF OFFICERS OF THE CONGRESS,
COMMITTEES, DELEGATES
AND
SUBSCRIBERS.

EDITED BY THE HONORARY SECRETARY-GENERAL.

LONDON:
WILLIAM CLOWES AND SONS, LIMITED,
23, COCKSPUR STREET, S.W.
1902

LONDON:
PRINTED BY WILLIAM CLOWES AND SONS, LIMITED,
DUKE STREET, STAMFORD STREET, S.E., AND GREAT WINDMILL STREET, W

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GENERAL MEETINGS.

Opening Ceremony.

The Opening Ceremony was held in St. James's Hall, on Monday, July 22nd, 1901; FIELD-MARSHAL H.R.H. THE DUKE OF CAMBRIDGE, K.G., took the Chair at 3 P.M.; the hall was filled to overflowing by a number of distinguished people.

H.R.H. THE DUKE OF CAMBRIDGE, K.G., rising to open the meeting, said: I will first request the Honorary Secretary-General to read the names of those unable to attend.

THE HONORARY SECRETARY (MR. MALCOLM MORRIS) announced that he had received letters and telegrams from certain distinguished people who were unable to be present, but who sympathised with the work of the Congress. They were as follows:—The Russian, German, and Austrian Ambassadors; the Dukes of Ratibor (Germany), Fife, Portland, and Sutherland; the Earl of Hardwicke; the Marquesses of Dufferin and Ava, and Northampton; Viscount Templetown; Lords Alverstone, George Hamilton, Iveagh, and Rothschild; Sir John Burdon Sanderson, Sir Ernest Cassel, and the Right Honourable Joseph Chamberlain, and others.

THE HONORARY SECRETARY-GENERAL next read the following report:—

YOUR ROYAL HIGHNESS,—

At your command we have the honour to report to you the history and programme of the British Congress on Tuberculosis.

Berlin Congress.

The movement may be said to have originated at the German Congress on Tuberculosis held in Berlin in May, 1899, when representations were made to the British delegates as to the desirability of holding a Congress in London. Some of these delegates had been appointed by His Royal Highness the Prince of Wales to represent the National Association for the Prevention of Consumption, of which His Royal Highness was the President. The delegates reported the matter to the Council of the Association.

As one of the objects of the Association is the promotion of Congresses, it was resolved to take the necessary initiatory steps. The Council in the first instance approached H.R.H. the Prince of Wales, who not only gave his approval and consent, but also most graciously consented to become President of the Congress and to open it in person.

Date of Congress.

In compliance with the wishes of His Royal Highness, the date of the Congress had originally been fixed for the 22nd of April of this year. In January, however, we, in common with the whole world, mourned the death of our beloved Queen Victoria, and all preparations were for the time being at a standstill. Subsequently the date of the opening of the Congress was postponed to the 22nd July.

Royal Patronage.

On the accession of His Royal Highness to the Throne, we received an intimation that although His Majesty the King would be unable to take any part in the opening ceremony, His Majesty would be most graciously pleased to be Patron of the Congress. We venture to think that all the members of the Congress will gratefully recognise the deep interest which from the very first our august Sovereign has taken in this question, which so vitally affects not only the health of this nation, but the inhabitants of the whole world.

Your Royal Highness, at the request of His Majesty the King, graciously has undertaken to fill the office of President of the Congress and to preside at this meeting. The Council desire to tender to your Royal Highness their sincere thanks for your presence here to-day.

Preliminary Meeting.

The Association next proceeded to summon a Preliminary Meeting for the purpose of enlisting support in the undertaking, and over 3,000 invitations were sent to the principal medical, sanitary, educational, and agricultural institutions of the United Kingdom, as well as to Lord-Lieutenants of Counties, Mayors of Corporations, and other representative persons. The meeting was held on the 18th December, 1899, in Gray's Inn Hall.

Resolution.

A large number were present, and a resolution was passed as follows :—

"This meeting is unanimously of opinion that it is desirable to hold a National Congress on Tuberculosis in 1901, to which representatives from India and all Dependencies of the Empire should be invited, and, in addition, delegates from other countries."

It is unnecessary to quote here the other resolutions passed on this occasion, which included the nomination of an Organising Council. The Earl of Derby, in response to the wishes of the meeting, kindly consented to be the president of that Council. Sir William Broadbent was appointed chairman of the Council, and Mr. Malcolm Morris Hon. Secretary General of the Congress.

Appointment of Officers.

Lord Avebury and Sir James Blyth were subsequently invited to act as Honorary Treasurers, and it is largely due to their able help and administration that we have been able to raise the necessary funds.

Appointment of Committees.

The following Committees were also appointed :—

A General Purposes Committee, of which Professor Clifford Allbutt consented to act as chairman.

A Finance Committee, of which Sir James Blyth consented to be chairman, while Mr. White Wallis undertook the supervision of the accounts and the position of hon. auditor.

A Reception Committee, of which Sir James Crichton Browne wa appointed chairman, and Dr. Hillier hon. secretary, and Dr. Irwin Moore as assistant hon. secretary.

A Museum Committee, of which Professor Sims Woodhead consented to act as chairman, and Dr. Jobson Horne as hon. secretary, with Mr. Thomas Cutler as hon. secretary to the Architectural Section.

Subsequently, at the request of the Council, Dr. StClair Thomson undertook to act as Hon. Foreign Secretary.

To the work of the above-mentioned gentlemen the organisation of the Congress is due. They have performed their voluntary labours with great devotion and energy.

Government Offices.

We have pleasure in acknowledging that we have received every possible assistance from the Foreign, Colonial, and India Offices.

Foreign Office.

The Minister of Foreign Affairs, Lord Lansdowne, not only undertook to forward letters of invitation to the respective Governments in Europe and America, but added :—

"An intimation will at the same time be given that, although the Congress is not promoted by Her Majesty's Government, they take a great interest in the objects for which it is being summoned, and would learn with pleasure that the invitations had been accepted."

Accordingly, we have the great pleasure to welcome to-day gentlemen who have been commissioned by many foreign Governments to attend the Congress and report its proceedings.

Colonial Office.

Mr. Chamberlain, as Secretary of State for the Colonies, has also rendered this Congress signal service, and our invitations have been forwarded under his covering despatch to all the Colonies and Dependencies of the Empire, which have also sent delegates to attend the Congress.

India Office.

The India Office has also officially forwarded our communications to the Presidencies and States of India, several of which have sent delegates.

In addition to these, various medical societies, both of the Continent of

Europe and America, the principal corporations, associations, and societies in the United Kingdom, have sent delegates. The presence of all these delegates will enhance the importance and add to the value of the scientific work of the Congress.

General Purposes Committee.

On March 29th, 1900, the General Purposes Committee met for the purpose of framing the regulations and arranging the programme.

Sections.

It was resolved to divide the work of the Congress into four sections.

Of the First Section—State and Municipal—the Right Hon. Sir Herbert Maxwell, M.P., is president. We are indebted to the officers of the section, and to the hon. secretaries, Dr. Bulstrode and Dr. Niven (Manchester), and Dr. Newsholme (Brighton), for the comprehensive programme they have drawn up.

In Section II.—Medical, including Climatology and Sanatoria—we are fortunate in having as president Sir R. Douglas Powell; and as hon. secretaries we have had the advantage of the services of Dr. Hector Mackenzie, Sir Hugh Beevor, Dr. R. W. Philip (Edinburgh), and Dr. William Calwell (Belfast).

Section III.—Pathology, including Bacteriology—is presided over by Professor Sims Woodhead, whose name is a household word among pathologists. He has had the valuable assistance of Dr. Wethered, Dr. Perkins, Professor Rubert Boyce (Liverpool), and Dr. McWeeney (Dublin), as hon. secretaries.

Section IV.—Veterinary (Tuberculosis in Animals)—has that distinguished authority on that subject, Sir George Brown, C.B., as its president.

We are much indebted to the hon. secretaries, Prof. Hobday, Prof. Bradley (Edinburgh), and Prof. Woodruff, for their valuable services.

Museum.

A Museum has been arranged in the smaller hall attached to the Queen's Hall, to which the members of the Congress have the privilege of free admission on presenting their membership card. The Museum is divided into two sections :—

Section I.—Pathological and bacteriological preparations and specimens illustrating tuberculosis in man and animals.

Section II.—Plans and models of hospitals and sanatoria, charts and documents bearing upon the historical, geographical, and statistical aspects of the subject.

In the former of these sections a collection of exhibits of great scientific interest has been formed, full particulars of which are contained in the official catalogue. In expressing the thanks of the Council to those who have so kindly lent their specimens, it should be stated that no effort has been spared

by the honorary secretary, Dr. Jobson Horne, to make the Museum as complete as possible. It contains exhibits illustrating every known form of tuberculosis, both in man and in animals. We have to thank Dr. Jobson Horne, not only for collecting and classifying the specimens, but also for preparing a complete catalogue.

Museum, Section II.

Our thanks are also due to Mr. Thomas Cutler, first, for collecting and arranging the exhibits in Section II. of the Museum; secondly, for the design of the Congress ticket and the maps contained in it; thirdly, for the badge which has been presented to every member.

Finance Committee.

As soon as the Organising Council and General Purposes Committee had completed the preliminary arrangements, the Finance Committee undertook the task of obtaining subscriptions, and the Committee largely owe their success in this matter to the energies of their chairman, Sir James Blyth.

We have been supported by generous donations from the Corporations of London, Edinburgh, Liverpool, Manchester, and many other corporative bodies; also from the British Medical Association and other societies.

Private donors have given liberally towards the expenses of the Congress.

Distribution of Circulars, etc.

In order to make the objects of the Congress fully known, programmes and circulars were sent to leading representatives of Medical, Sanitary, and Veterinary Science, and to prominent persons in other departments of Science, of Agriculture, of Architecture, of Education, of Commerce, and of Philanthropy. Full information was also forwarded to the Mayors of all the principal Corporations and Boroughs in the United Kingdom, to the Metropolitan Borough Councils, to the Chairmen of County Councils of the United Kingdom, to Boards of Guardians; to the medical departments of the Army and Navy, to the medical staff of Hospitals dealing with diseases of the chest, and also to all large Hospitals in the Kingdom. Circulars were sent to almost all the Medical Officers of Health, and 10,172 were addressed to the Medical Men in Great Britain. Three thousand were sent to members of the Veterinary profession, and through the kindness of Mr. White Wallis, secretary of the Sanitary Institute, 2,400 were addressed to the members of that body.

Similar communications were sent to all the Universities of the United Kingdom, to the General Secretary of the British Medical Association, and to the Hon. Secretaries of its various branches; to the branches of the National Association for the Prevention of Consumption, to members of the Faculty of Actuaries, to Insurance Companies, to the various Friendly Societies in Great Britain, to the principal Medical, Agricultural, Commercial, and Philanthropic

Associations, to the principal Banks and Employers of Labour. In the United Kingdom alone some 38,000 circulars were distributed.

We have also done our utmost to inform all Colonies and Dependencies of the objects of the Congress and to invite their participation.

Foreign Countries.

Dr. StClair Thomson, the Hon. Foreign Secretary, to whose labours we are so deeply indebted, has sent circulars to Universities, Colleges, Official Bodies, Representative Men, Medical Societies in America, Austria, Belgium, Denmark, Egypt, France, Germany, Hungary, Holland, Italy, Japan, Norway, Poland, Portugal, Russia, Spain, Sweden, and Switzerland.

In Berlin a Committee has been formed under the presidency of His Serene Highness the Duke of Ratibor, with Dr. P. Jacob as hon. secretary. This Committee undertook the task of translating our circulars and of distributing information throughout Germany as to the objects of the Congress, and also of making all the necessary arrangements for the enrolment of members.

In Paris, as the result of a visit paid by Mr. Harold Swithinbank, a similar Committee was formed, under the chairmanship of Professor Brouardel, with Dr. Thoinot as hon. secretary. We wish to take this opportunity of conveying to the members of both these Committees the expression of our sincere thanks for their cordial co-operation, which enables us to welcome here to-day a large number of distinguished visitors.

Addresses.

During the Congress we shall have the privilege of listening to addresses from distinguished scientists at general meetings of the Congress.

The first of these will be delivered to-morrow in this Hall at 3 P.M. by Professor Koch, whose discovery of the *Bacillus tuberculosis* has placed the whole subject on a scientific basis. Lord Lister, F.R.S., has consented to take the chair on the occasion.

On Wednesday afternoon, at 3 P.M., in this Hall, Professor Brouardel, the Dean of the Faculty of Medicine of the University of Paris, who has done so much to bring into prominence the international relations of hygiene, will address us. The chair at this meeting will be taken by the Rt. Hon. Henry Chaplin, M.P.

On Thursday afternoon, at 3 o'clock, in the Queen's Hall, an address will be delivered by Professor McFadyean, of the Royal Veterinary College, and Lord Spencer, who has so keenly interested himself on the subject of arresting tuberculosis amongst cattle, has promised to be chairman.

On Friday afternoon, at the same hour, and in the same Hall, Lord Derby will preside over the Final General Meeting of the Congress, at which there will be submitted certain practical resolutions arising out of the discussions and proposals that have been before the various sections.

Reception Committee.

Mention must be made of the work of the Reception Committee. The special thanks of the Congress are due to Dr. Hillier, who has spared neither time nor trouble in arranging an attractive programme of entertainments. In this task he has been ably assisted by Dr. Irwin Moore.

We also wish to express our sincere gratitude to the Countess of Derby, the president, Miss Lankester, the hon. sec., and the members of the Ladies' Committee, who have spared no pains to provide for the entertainment of ladies accompanying members of the Congress.

The CHAIRMAN, who was received with great applause, said: Your Excellencies, my Lords, Ladies and Gentlemen: It has become my duty to open this Congress at the request of His Majesty the King, who had intended personally to take the chair, but under the present circumstances, finding he could not do so, he has desired me to occupy his place. (Cheers.) I therefore consider it my duty to obey his orders, and I hope I shall be forgiven by this vast assembly in undertaking a duty which I really feel I am little able to carry out, certainly not as well as he would have done, and even not as well as I should like to do myself; but the fact is I am very much in the background in regard to all these interesting subjects. I do, however, feel as deep an interest in the matter which has brought you together to-day as does His Majesty, and therefore my whole desire is to assist those who are so kindly surrounding me on this occasion in producing good results, not only for this country, but for every part of the world, foreign and colonial, in the endeavour to mitigate suffering, illness and sickness—an endeavour which we all hope now will be initiated in this great gathering. (Hear, hear.) I am much gratified to see so large a number of delegates from foreign countries attending this Congress. (Cheers.) I welcome them to this country, and I feel assured that they, like myself, are sensible of the great advantages to be obtained from a general spirit being diffused throughout the world as to the importance and necessity of bringing forward such practical methods as may be of advantage in the future to the human race. (Hear, hear.) Ladies and gentlemen, I feel I am too ignorant to give the meeting much detail as to the mode in which this Congress is to be conducted, but I have the complete conviction that all those who are managing these great meetings will have proposals to make to the general public which will be acceptable to them and of great advantage to the object we have in view. (Cheers.) I do not think I am justified in doing more than just opening this Congress, and I hope those who follow will be able to go into details which I confess I do not feel myself to be the proper person to bring before you. I know that every one of us who sits on this platform is as much inspired as I am with the necessity of these meetings and the advantages to be obtained from them. I thank you for allowing me to say these few words. I only spoke them in the name of His Majesty the King, and I now just wish to read to you what I propose to telegraph to His Majesty in your name and my own, now that

the Congress is virtually opened by myself. I am going to telegraph to the King: "I have the honour to inform your Majesty that I have opened the Congress on Tuberculosis, which is largely attended by home and foreign delegates, in obedience to your Majesty's command." If you approve of that will you please signify the same.

(The telegram to the King was approved with acclamation and was at once despatched.)

Gentlemen, I must now leave others to follow me, as they are called upon to do so.

The MOST HONOURABLE THE MARQUESS OF LANSDOWNE, K.G. (*Secretary of State for Foreign Affairs*), who was received with loud cheering, said: Your Royal Highness, your Excellencies, my Lords, Ladies and Gentlemen: After the words of welcome which have been spoken to the Congress by His Royal Highness in the name of His Majesty the King, whose interest in the Congress is well known to you, it would be presumptuous on my part to add any welcome of my own; but I may be, perhaps, permitted, as one of His Majesty's servants, to tell you that it will give my colleagues and myself the greatest pleasure, so far as our opportunities permit, to assist you in any way which lies within our power, and to give to you and to those who act on your behalf, any facilities which His Majesty's Government is able to afford. (Cheers.) In saying that I feel sure that I am expressing the wishes of the whole of the people of this country. (Hear, hear.) We fully realise—and I speak now, not of course on behalf of the representatives of science who are assembled in this room, but on the part of those to whom His Royal Highness referred just now as ignorant persons—we fully realise the immense significance of the problem you are attempting to solve. Gentlemen, this country has lately been passing through all the anxiety and sorrow of a prolonged war. To how many of our homes has that war brought desolation and calamity! and yet I am not using the language of exaggeration when I say that no war which has ever been waged by the human race has brought with it anything like the burden of misfortune which tuberculosis has from time immemorial carried with it to the people of the world. (Hear, hear.) It is an enemy more ubiquitous, more insidious than any enemy whom we have to encounter in the open field, and I think we all of us owe an immense debt to those gentlemen whose researches have enabled them to assure us that the enemy is not, as we used to think, invincible, but that his approaches may be encountered; that if he has defeated us hitherto, because we have neglected obvious precautions and resigned ourselves, almost with a feeling of despair, to submit to what we regarded as an inevitable scourge of the human race, we may yet hope to win in the fight which we are waging. (Cheers.) Therefore, gentlemen, I ask your permission to welcome those distinguished visitors who are come here in such numbers, at great trouble and inconvenience to themselves, from a desire to act with the British representatives in devising measures which shall enable us successfully to combat this dangerous enemy of the human race. (Cheers.) I cordially hope that your labours may be

fruitful of good results, and that those practical resolutions which the secretary has told us will be presented at the close of your deliberations, will be productive of those consequences which we all of us trust this Congress may be able to achieve. (Cheers.)

The RIGHT HONOURABLE EARL CADOGAN, K.G., said: Your Royal Highness, my Lords, Ladies and Gentlemen: Until I came into this room a few minutes ago, I was not aware that I was to be called upon, I will not say to make a speech, but even to say a few words, in the presence of this illustrious assembly. If I may be permitted to give a reason for my being called upon on this occasion, I should suggest that it is because in so great and illustrious a gathering as this Congress, representative of many branches of science, representative of all that is great and able in the scientific world, it was thought desirable there should be at any rate some representative of deep, and what I am afraid I must call abysmal, ignorance on the subject which we are met here to deal with. (Laughter.) That, gentlemen, I must confess to be the constituency which I represent, and that, I am afraid, is my only qualification for being asked to address you. But, perhaps, I may be permitted to say that in one respect I claim a *locus standi* here. I have the honour to represent a country which is, I will not say devastated, but which suffers, perhaps, as largely as any other country in Europe from the scourge which you are all met here to consider, and if possible to arrest—I mean Ireland. (Cheers.) If I may believe the official statistics of Ireland which from time to time have been shown to me, there is no disease—except, perhaps, that of old age, which occupies, I am happy to say, the longest column in our columns of statistics—which shows such an enormous figure of disastrous results as that of tuberculosis. The Irish people and the Irish men of science have had their attention turned very seriously to this subject during the last few years; and last year, and again this year, I had the honour of presiding over a meeting in Dublin in which the men of science there expressed their determination to do all they could to combat this scourge, and, if possible, to improve the condition of the health of the people, of Dublin especially, in that respect; therefore, ladies and gentlemen, I am very glad to be allowed, if only on behalf of the people of Ireland, who on this, as on all other subjects, are absolutely unanimous—(laughter)—to add a few words of welcome to the members of this Congress, and especially to the foreign members who have given us the benefit of their presence and assistance on this occasion. (Cheers.) I think that of all the noble attributes which distinguish the professions of medicine and of surgery, there is none which we should admire more than the fact that when, with the assistance of the march of science in the present day, further discoveries are made which lead to new conclusions, those professions are never ashamed and never backward in reverting to better paths and in changing their system, leaving that which they believe to be wrong and adopting that which they believe to be right. (Cheers.) I venture to say, even before this great and illustrious assembly, that I believe it is generally recognised that the method with which tuberculosis has been dealt with in

past years, almost up to the present time, has not been found to be successful, and that the discoveries of modern science have shown that a system will be found before long, which gives us every hope that this scourge can be successfully dealt with. That this may be the result of this conference is my earnest prayer and desire. I wish you every success in the labours which you have undertaken, and I beg to thank you for the kindness with which you have listened to these few remarks. (Cheers.)

The RIGHT HONOURABLE THE LORD MAYOR OF LONDON, who was met with a hearty welcome, said: Your Royal Highness, my Lords, Ladies and Gentlemen: Having regard to the interesting speeches you have already heard, and those which are to follow, and not losing sight of the important fact that this atmosphere at the present moment is somewhat of a heated character, you will be glad to learn, I am sure, that my remarks will be very few. My part in this afternoon's most interesting function is simply, as the representative of the City of London, to bid you, and especially the foreign delegates, a most hearty welcome to the City—(cheers)—and to assure you that the citizens of London regard the important matters upon which you are to deliberate and discuss as second in importance to none that can possibly be considered or conceived. (Cheers.) I anticipate the pleasure of welcoming you to-morrow night. I hope one and all here present will come to the Mansion House. (Cheers.) I beg to assure you that during your stay in London the Mansion House is open to you at all times, and you cannot pay the City a greater compliment than by going there and accepting my invitation as fully and completely as possible. (Cheers.) In the name of the citizens of London I bid you a most hearty, a most thorough, and a most sincere welcome. (Cheers.)

The RIGHT HONOURABLE LORD STRATHCONA AND MOUNT ROYAL, G.C.M.G., who was received with cheers, said: Your Royal Highness, my Lords, Ladies and Gentlemen: The only justification for my appearing here at this moment is that I am connected with one of the great colonies of the Empire, and that I appear on this occasion as representing the Dominion of Canada, the Commonwealth of Australia, and, I may add, all the other Colonies, for they are at one with you in their earnest desire that measures should be taken against that dire disease which has decimated the people of the world for long centuries. (Hear, hear.) I may say just in one word for Canada, that some six or seven years ago an association was authorised and chartered by the Dominion Government, and that that association has been working hard and well ever since. They have already had some 500 patients, and the result of the treatment has been all that could be desired under the circumstances. (Cheers.) Not only Canada, but I feel assured all the Colonies, will join with the mother-country and with those distinguished and eminent gentlemen from other countries who are here to-day. On the part, then, of Canada and of the other Colonies I extend a most hearty welcome to all who have come to aid in this good work, and most heartily do the

Colonies hope that the outcome of your labour may be all that can be looked for from them, and that is very much at the present moment, when the science of medicine and surgery is doing what in former days would have been considered utter impossibilities. I therefore extend to you, on the part of Canada and the Colonies, a most hearty welcome, and I congratulate you and ourselves on this great gathering. (Cheers.)

The RIGHT HONOURABLE LORD LISTER, who was received with enthusiasm, said: Your Royal Highness, your Excellencies, my Lords, Ladies and Gentlemen: I have been requested by the Organising Committee to say a few words on this occasion on behalf of the medical profession in the British Islands. In the first place, let me say how cordially we welcome the illustrious men who have come from all parts of the world to be delegates to this Congress, and how warmly we desire the success of the Congress. It meets under immeasurably happier auspices than could possibly have been the case not many years ago. Thanks to the labours of the illustrious man who will address the general meeting to-morrow—(cheers)—we now know the enemy we have to deal with, which before the discovery of the tubercle bacillus by Koch lay shrouded in impenetrable obscurity. We also know, thanks to Pasteur—(cheers)—that this microbe, like all others, is incapable of originating *de novo* in the human body; that while some constitutions are more prone to its invasion than others, it must always be derived from similar organisms from the external world. Hence there has been opened up the splendid prospect of the prevention of tuberculosis. But it is by no means only prevention that we look at. We also aim, at the present day, at the cure o consumption. (Cheers.) In this respect matters are very much more hopeful than they have been until quite recently. The physician may learn a great deal in this matter from the experience of the surgeon. There are a great many surgical complaints which are now known to be just as tubercular as pulmonary consumption, that is to say, just as much due to the invasion and growth of the tubercle bacillus. Yet the surgeon knows that in many of these cases, if the patient is treated with scrupulous avoidance, as far as possible, of all irritation of the part concerned, and at the same time given as much support and invigoration as possible in regard to general health, these diseases become completely cured—that in consequence of the means, of which we are getting to know more and more, which the animal organism has for resisting its microscopic invaders, the tubercle bacillus is not only arrested in its progress, but swept away altogether, and the result comes to be an absolutely healthy state of the tissues of the parts in which it once resided. Now this surgical experience shows that tubercle is not necessarily an incurable disease. That is an immense point to have perfectly demonstrated. (Cheers.) Thus we are not surprised to learn that physicians are coming to look upon the cure of consumption more hopefully than they used to do, by treating it when recognised early on the same general lines as those on which surgical tuberculosis has been so successfully treated. For my own part, as a surgeon, I have naturally had cases of pulmonary disease brought but

little under my notice, but I have been surprised, within my limited experience, at the numerous cases among my own acquaintances of persons who undoubtedly many years ago had consumptive lungs, yet have for many years past been free from all traces of disease which the physician could discover, and have lived healthy, robust, useful lives in this country. (Cheers.) These cases I venture humbly to regard as cases of the cure of consumption. Then there are attempts now being made by the use of various specific means to deal with consumption in its more advanced forms. But I must not refer to these at the present time, further than to say that some of them have very promising aspects. We may be sure that these means will be most carefully considered by the Congress, and I need not say how greatly I hope and anticipate that the deliberations of the Congress will be fraught with good. But there is another point in which I believe this Congress will be useful, besides the concentrated wisdom of the eminent men who have come as delegates to take part in its work. If the prevention of tuberculosis is to be effectively carried out, the general public must aid the physician and the surgeon in the endeavour. (Cheers.) I anticipate that this splendid gathering of scientific men from all parts of the world, meeting under the royal patronage, for which I may venture to express our profound gratitude, will indicate to the public the vast importance of the work we are engaged in, and will lead to their co-operation with us to minimise, indeed possibly eventually to stamp out entirely, the greatest scourge of the human race. (Cheers.)

Representative delegates of foreign nations were then presented to H.R.H. the Duke of Cambridge by the Earl of Derby, the following being a list of the presentations:—

Professor OSLER	*United States of America.*
Professor VON SCHRÖTTER	*Austria.*
M. le Senateur MONTEFIORI LEVI	*Belgium.*
Professor CHARLES GRAM	*Denmark.*
Professor BROUARDEL	*France.*
Professor VON LEYDEN	*Germany.*
M. CADO	*Greece.*
Professor THOMASSEN	*Holland.*
Professor FRED. KORANYI	*Hungary.*
Professor RUATA	*Italy.*
Professor HOLMBOË	*Norway.*
Professor CORTEZO	*Spain.*
Professor Hofmarshal PRINTZKÖLD	*Sweden.*
M. NEUMANN	*Switzerland.*

Each delegate, on his presentation, spoke on behalf of the nation he represented.

Professor OSLER, speaking for the *United States of America*, said: Your Royal Highness, your Excellencies, my Lords, Ladies and Gentlemen;

Coming as I do from the other side, with a large delegation, let me first assure you that our intentions are entirely peaceful. (Laughter.) There has not been for many years a delegation coming to this city from the United States which was not after some franchise. We come seeking neither franchise nor the organisation of any trust—(laughter)—and yet, Sir, I may say that we do represent a magnificent trust, a trust which is unequalled in the world, a trust which alone could gather such a representative assembly from the different nations that we see here to-day. It is a trust which differs in two respects from the other great trusts. The ordinary trusts, the trusts that you have here and which we have in America, bear on their banner the motto—if the Lord Bishop of London will pardon the expression—"Damn the public"; on the other hand, we bear on the banner of our trust the motto of the medical profession, "*Pro Bono Publico*." (Cheers.) I could speak at length on the work which is being done towards prevention of tuberculosis in the United States, but it would take far too long. I may say, however, that the work is being pushed on there with energy and with zeal, and the work which these congresses have done has been of immense service in educating the profession —for we need education—and in educating the public—and they need it much more. (Hear, hear.) A remarkable expression occurs in the remarkable book by John Bunyan when he speaks of consumption as "the captain of the men of death." I may say to this audience, and have figures to back it, that the captaincy of consumption has in certain regions been reduced to a lieutenancy, and I may say, too, that through the agencies of such organisations the lieutenant may be reduced to an ensign. I do not say it will ever happen—it is not within the bounds of possibility—that the captain of to-day will be reduced to a private, nor is it possible to hope that he will be "drummed out of the regiment." (Cheers.)

Professor VON SCHRÖTTER, from *Austria*, said: Your Royal Highness, your Excellencies, my Lords, Ladies and Gentlemen: As a delegate appointed by the Austrian Government Home Office and Board of Public Instruction, I feel it is a great honour to stand here in the land which is the home of hygiene and sanitation, especially as a representative of an association, a sanitary board, which has the high patronage of His Imperial Majesty the Emperor Francis Joseph. (Cheers.) It is the first and the only association in my country for the prevention of tuberculosis, yet its endeavours date back as far as the year 1883. Not only do I feel the honour of standing here, but my heart is very thankful at this moment, because I recognise fully I am standing on the ground where the struggle against tuberculosis first began, where I myself found in the year 1862 a Consumption Hospital, a flourishing and excellent institution, established at Ventnor. Bearing these facts in my memory, I most heartily wish that the proceedings of this Congress in the endeavour to prevent tuberculosis may meet with pronounced success. It is working for the welfare of mankind and for the advancement of science. Its predecessors had a severe task in making people acquainted with the difficulties of the subject and new scientific methods, and the glorious Congress

of Berlin exceeded by far all our expectations by drawing the attention of the whole world to a matter of the highest importance. I hope that the results of this present Congress will be a new and successful attack against man's greatest enemy. If I did not succeed at the Congress in Paris with my proposal of an international committee, which I brought forward principally to excite the attention of those in authority, I am sure the struggle against tuberculosis has not been lying dormant, and it will never again sink into apathy, because the series of congresses will have kept the question in continual activity. The whole question is now spread out clearly before the eyes of the world, and recognised as a matter of the very greatest importance, and we can now endeavour to enter upon real practical work for bettering the health of the great masses.

M. MONTEFIORE LEVI, *Belgium*, spoke as follows: Your Royal Highness, my Lords, Ladies and Gentlemen: I consider it a very great honour to be called upon to address this meeting. Allow me to offer, in the name of the Belgian Government, the best wishes for the success of the Congress. For many years my Government—and I may add the Belgian people in general—have followed with great and increasing interest the effort of all the most competent representatives of Great Britain in the struggle against consumption, and its connection, bovine tuberculosis. I trust I may be allowed to congratulate your Royal Highness especially as representing His Gracious Majesty the King, since undoubtedly a very large share of the success may be attributed to the great and active interest shown by His Royal Highness, when Prince of Wales, in the researches and discussions which have led up to the present important Congress. (Cheers.) I am happy to be able to state that Belgium has been amongst the foremost to take active measures of protection against tuberculosis. Statistics seem to show that in our country for quite twenty years there has been a constant diminution in the proportion of deaths from this wide-spread malady, but the diminution is far from being absolutely satisfactory, and we all know that statistics are rarely perfectly reliable, as so much of their apparent teaching may be affected by extraneous circumstances, and they must of necessity fail to give any indication of the same disease and consequent effect on the health and strength of both present and future generations. My colleagues, Dr. van Ryn and Dr. van Benedin, the latter delegated by the Council of the Belgian Provincial Government of Liège, and Dr. G. Martin, delegated by the Belgian Ministry of War, and many other members of the medical corps in Belgium, who have all taken the most active interest for many years in this struggle against tuberculosis, have come over to take a share in the discussion, and several papers will be presented by them, and they will consider it a very great honour to be able to discuss the matter personally with their illustrious colleagues. As I am anxious not to trespass on your valuable time, I will bring my few remarks to a conclusion, wishing in the name of the Belgian Government for the success of your efforts and hoping most sincerely that the work of the Congress will be as fruitful in good results as we may with confidence predict it will. (Cheers.)

Professor CHRISTIAN GRAM, representing *Denmark*, said: Your Royal Highness, my Lords, Ladies and Gentlemen: As representative of Denmark, I have the honour to thank you for the invitation to the British Congress on Tuberculosis. In this year Bretland, as our ancestors the Vikings called Great Britain, will celebrate the reign of Alfred the Great; but we Danes have crossed the West Sea full of peace and quietness. We are coming, not as Vikings, but we are coming to learn, to see, and to hear. Denmark has given you a ransom—the Rose of Denmark, Great Britain's Queen. Denmark is a very small country, but even there we try to combat tuberculosis. Just now we have founded a national league against tuberculosis, and the other Danish representative, Professor Bang, has met with success in combating the disease in quadrupeds. Professor Finsen has invented phototherap, an excellent remedy for lupus. (Hear, hear.) Denmark has two great modern sanatoria and three seaside hospitals for scrofula and tuberculosis in children. We are all fighting in the same army, and we expect that every man will do his duty; otherwise we can never be victorious. God save our work! (Cheers.)

Professor P. BROUARDEL, of *Paris*, said: Your Royal Highness: The members of the French delegation desire to offer you their respectful homage, and beg you to convey to His Majesty the King the expression of their deep gratitude.

In consenting to take the British Congress on Tuberculosis under his exalted patronage, His Majesty has shown at the outset of his reign that his first consideration will ever be for the welfare of the nation.

Your Royal Highness, in presiding over this meeting, assures us afresh that this solicitude for the nation's health is shared by all those exalted personages who, by their counsels, have helped to make the prosperity of Great Britain. The hygienists of all nations desire to offer you their grateful thanks. They would be powerless in their struggle against tuberculosis without the support of public opinion. But when, as we see to-day, the impulse is given by those who represent the nation's highest and noblest aspirations, the interest of individuals is aroused, their efforts are combined, and a flow of generous enthusiasm is created, public opinion is conquered, and success is assured.

The congress held at Berlin two years ago showed the truth of this. The support given to it by their Imperial Majesties rent the veil which still concealed from the great majority of people the value of the recent scientific discoveries.

No sooner was this knowledge—so new and enlightening—gained, thanks to the discussions at that congress, than there was an outburst of generous enthusiasm in all countries.

The present gathering will produce no less important results; we recognise the work done by your great hygienists, and we know how you have combated darkness and damp in houses and workshops. The struggle began during the reign of Queen Victoria, and in fifty years the mortality from tuberculosis has diminished by almost one-half.

In a few days' time we shall be telling France what you have done; we shall incite our fellow-countrymen to imitate you; let us hope they will display similar perseverance; whatever may be the difficulties which habits and customs may place in our path, the obstacles themselves shall incite us to victory.

As in London, we shall have in Paris the co-operation of the public authorities. I have a proof of that in the fact that I have the great honour to be charged by the President of the Republic to declare in his name that there is nothing he desires more than that the next congress on tuberculosis shall be held in Paris in two years' time.

I hope that our colleagues and friends who are representing their various nations in London at the present time will permit me to inform the President of the Republic that his wish has been granted.

The undertaking to which we are pledged has already made great progress; the dawn of the new century opens up vistas of hope; no former century has witnessed so universal an effort to benefit humanity.

The reason for this is plain. For the first time philanthropists can rely on the support of science, not on mere scientific theories, but on certain facts accepted by medical experts throughout the world. There is absolute unanimity of opinion between those who study this disease in patients in hospitals and those who conduct experiments in laboratories.

The anatomical pathologists, Laennec and Caswell, declared as early as 1836 that phthisis was curable. Clinical surgeons also held this view, but these opinions found no echo. In the eyes of the general public and of the large majority of medical men phthisis was branded as fatal.

When Villemin had shown by his experiments the contagious nature of tuberculosis, and had pointed out the various modes of contagion, when Robert Koch showed the world the agent of contagion, then these disputed statements became truths proved and accepted, and are to-day unquestioned.

Philanthropists who held these convictions had for many centuries sought to lessen the extensive misery and suffering caused by tuberculosis. Those convictions are now confirmed by recent scientific discoveries. It is *this union* of science and philanthropy which characterises the new phase of the struggle against tuberculosis; it is this which ensures its success.

Assemblies like this which His Majesty the King has taken under his patronage, and over which your Royal Highness has graciously consented to preside, mark an era in history; their memory will be preserved by all; they point to a future lessening of the sufferings of humanity.

In the name of the French delegates, I beg your Royal Highness to accept our grateful thanks.

Professor Dr. VON LEYDEN, speaking for Germany, said, in his own language: Your Royal Highness, your Excellencies, my Lords, Ladies and Gentlemen: I must beg permission to speak in my mother-tongue. In the name of the German Central Committee for the Erection of Sanatoria, in the name of the committee which has worked for this Congress in Germany,

and in the name of the Germans assembled here for the Congress, I am delighted to offer to you, especially to the Organising Committee and to the President, our hearty sympathy and our good wishes for the progress of this distinguished and remarkable Congress. At the same time we thank you for the great kindness and hospitality with which we have been received in this great capital of your kingdom.

We Germans have appeared here in large numbers, full of sympathy for the Congress, and rejoice to see the wider spread of the work which had its beginning two years ago in Berlin. We are fortunate to be able to co-operate in the development of this work, which lies so near to all our hearts, and which is called to serve both science and humanity.

Since the congress in Berlin, at which I had the honour to hold office as second president, we have not been idle in Germany. We have made many advances in this question of humanity and health. Especially I am proud to remark that the number of our sanatoria, of popular sanatoria (for the poor, and for people of small means), has increased considerably during these years. In the year 1899 we had twenty-two sanatoria, and in 1900 the number was thirty-nine, but in this year it is fifty-nine. (Cheers.) But in this year we expect nineteen more will be opened.

In these sanatoria, last year, we were able to treat 12,000 sick people, allowing that the regular change of patients took place after three months. There were not, therefore, 12,000 beds, but 12,000 sick people for the year in them in the year 1900. At present this number has risen to 20,000 patients, so that already a considerable number more have been taken in and been rightly treated. We are delighted at these advances, for which we have to thank the German Central Committee.

If I may be allowed to continue longer, then I should like to make known that the Central Committee has also erected "Polikliniken" for the adequate and careful treatment of incurable lung patients. A course of lectures has been arranged by experts for doctors, who are now called upon to make use in practice of the latest scientific advances of the sanatorium system.

I have still to add that we are now building sanatoria for children.

Amongst the sanatoria which were either erected or opened in the preceding years, I name especially the institution at Belzig, near Berlin, in which I am concerned, and which has been erected entirely by benevolent means, and which has been so perfectly carried out that it—I can, indeed, affirm it—has found appreciation on all sides. Amongst these sanatoria we are on the way to erecting one for children, and thereby are following the example set us in France.

Finally, I yet should like to say that although the question how far people with severe lung disease can be helped has been often considered, up till now the right means have not been found.

Illustrious assembly, for two years, since the inauguration of this Congress, what we in Germany call the humane movement towards the erection of sanatoria has developed on all sides and taken a fresh impetus, for which we thank you with all our hearts. But we are, of course, extremely delighted and

grateful that this year's Congress is taking place in the powerful British kingdom, which through its vast colonies, embracing the whole circle of the earth, offers a field in which we hope much that is new and good will grow on this question.

We remember at the same time, with full recognition and with gratitude, that the first movement, after a really long time of inaction, towards the combating of tuberculosis came from England. Many years ago—if I am not mistaken, so early as the year 1820—the first hospital for lung diseases was built, the still existing Hospital for Diseases of the Chest, the famous Brompton Hospital, which together with the hospital in the Isle of Wight, at Ventnor, still work with great blessing and have joined our movement. We think that in England the fight against the people's illnesses has been taken up most earnestly, and that in the development of hospital management, of modern sick nursing, England has always stood in the first rank, whilst we see ourselves standing in the first rank in the fight against tuberculosis.

I repeat my wish that this Congress may be very successful, and have great results, for the fame of science, for the fame of humanity, as well as for the fame of all nations. (Applause.)

Professor CADO, *Greece*, then added a few words in French, thanking the Congress for their invitation and dwelling on the interest which his country took in the movement.

The HONORARY SECRETARY-GENERAL here rose from his seat, and said: I am requested by His Royal Highness to read to you the answer which has been received from His Majesty the King: "To the Duke of Cambridge. I have just received your telegram. I thank you for having kindly consented to open the Congress in my name, and I am glad to hear that the ceremony has passed off so well. Pray heartily welcome from me the eminent men belonging to almost every nation who have assembled to-day under your presidency, and express to them my earnest hope that the valuable information which they will give to the world as the result of the deliberations of the British Congress on Tuberculosis will assist in mitigating the dire disease which has baffled the most distinguished physicians for so long. EDWARD REX." (Cheers.)

Professor THOMASSEN, of Utrecht, speaking as representative of *Holland*, said: Your Royal Highness, Members of the Organising Committee, Ladies and Gentlemen: The majority of governments and learned societies have responded to the invitation of the Congress by nominating delegates, who are to-day assembled under this roof amidst a throng of other medical representatives from Great Britain and abroad. The hearty support received on all sides proves that the noble object before you is fully appreciated abroad.

Indeed, the international assembly under the exalted patronage of His Majesty the King bears a noble character, seeking only, as it does, to come to the relief of suffering humanity.

During the next four days men of science assembled from all parts of the world are to discuss what are the necessary methods to be adopted to resist a common enemy, a scourge which remorselessly attacks and carries off its victims usually in the full vigour of life.

Tuberculosis has by its ever-increasing ravages attracted public attention, and scientific men have realised the necessity of setting to work to search for weapons with which to resist it.

France has taken the initiative in organising international congresses devoted exclusively to the study of this deadly disease. Germany and Italy followed its example, and to-day we are assembled under the exalted presidency of His Royal Highness the Duke of Cambridge for the purpose of discussing methods of putting a stop to its ravages, both among the human race and domestic animals.

The Seventh International Congress has a special feature which I wish to point out.

At the head of the Honorary Committee we see a cluster of illustrious names of high dignitaries, quite unconnected with medical science. This fact ensures us a strong support in our efforts, and gives us every hope that the resolutions we shall pass before separating will soon take practical shape.

I also have the greatest pleasure in saying that the Organising Committee have acquitted themselves of their task in a manner beyond all praise, and in this connection I have the honour, gentlemen, to offer you the thanks of my fellow-countrymen for all the care you have taken in the preparation of this undertaking, from which all classes of society will benefit.

That the Congress may bear abundant fruit is the wish I am authorised to convey to you in the name of Holland, of which country I have the honour to be one of the representatives.

Professor KORANYI, the Government representative of Hungary, speaking in German, said: Your Royal Highness, Ladies and Gentlemen: In the name of the kingdom of Hungary and its Government, I have the honour to express the deepest thanks to the Congress for the invitation to this scientific and humane work in this classic home of hygiene. Here, where science and Government administration in all branches of State control work together, the Congress will effect much that is great for humanity. I wish and hope for the fulfilment of all this, and invoke a blessing on His Majesty the King, on his people, and at the same time on this Congress.

Professor RUATA, on behalf of *Italy*, said: Your Royal Highness, my Lords, Ladies and Gentlemen: I have the great honour to express in the name of Italy the profound and deepest admiration for the great people of England, and for all the good that that people has done for social progress and particularly in the prevention of disease. We have seen in past years England putting out her hand to all the nations, and teaching them great lessons in the prevention of disease. I remember the work of Dr. George Boddington in sanitation, and the laws dictated by him in 1837 are followed

by all the nations at the present day. (Cheers.) I remember also that the great science of surgery had its birth in this country, because although France gave Pasteur to the nations, we must not forget that England gave us Lord Lister. (Cheers.) Before Lister, surgery was not a science. I also remember that although the great struggle against tuberculosis is going on in every nation, it had its birth in England. We see, according to the statistics, that the death-rate from tuberculosis has decreased from 28 per 10,000 in 1860 to 13 per 10,000 in 1900, due to the improvement of sanitation. This is a great lesson for all nations. It teaches us that it is not only necessary to have sanatoria for treating disease, but necessary that all our houses should be kept as clean as sanatoria are. We in Italy desire that our houses should be clean and regulated in this manner. I may perhaps apply the great sentence uttered by the King when he was Prince of Wales, in offering a welcome to the former Congress: "If tuberculosis is preventible, why is it not prevented?" (Cheers.) That is a great practical question. I express to England in the name of Italy the gratitude and deep recognition of what she has done for all the world. (Cheers.)

Professor HOLMBOË, speaking for *Norway*, said: Your Royal Highness: As a delegate from Norway I have the honour of presenting our very best thanks for the invitation to this important Congress, held in a country with which Norway has so many friendly relations, a country which has already obtained, through its excellent hygienic institutions, a decided decrease in tubercular disease. To this I add the wish that the expectations justly connected with this Congress may be richly fulfilled, and that the results of the Congress may prove an important step in the labour for the prevention of consumption which all civilised States have now jointly undertaken. (Cheers.)

Professor CORTEZO, speaking as the representative of *Spain*, expressed his pleasure in coming to the Congress, and said the greatest sympathy was shown in his country for the fight against the disease.

Professor Hofmarshal PRINTZKÖLD, *Sweden*, said: In my capacity as delegate for Sweden I have the honour to respectfully salute your Royal Highness, and to say that my Government gladly accepted the invitation to take part in this Congress, wishing in this way to show how much it realised the great importance and interest of the subjects it deals with.

The Swedish deputation cannot itself contribute very much to these labours, but it hopes to profit as much as possible from your ideas and experiences. I am very particularly charged by their Majesties the King and Queen to convey to your Royal Highness the lively sympathy their Majesties have with the humane work of this Congress and the expression of their best wishes for its success.

M. NEUMANN, of *Switzerland*, spoke as follows: Your Royal Highness,

my Lords and Gentlemen: Although the representative of the smallest country which I believe has been invited to this Congress, I think it is my duty to thank you, and the Organising Committee, for the honour you have done us in inviting us to this great Congress. We hope that, although a small country, we shall be able to keep on a level and march shoulder to shoulder with the greater nations in fighting this our worst enemy. (Cheers.)

VOTE OF THANKS TO H.R.H. THE DUKE OF CAMBRIDGE.

The RIGHT HONOURABLE THE EARL OF DERBY, K.G., President of the Organising Council of the Congress, who was received with cheers, said: Your Royal Highness, your Excellencies, my Lords, Ladies and Gentlemen: There is devotion found not only in the medical profession, where we admire and love it, but in other walks of life, and I think you will join with me—for I venture to make myself the mouthpiece of all—in thanking H.R.H. the Duke of Cambridge for the manner in which he has discharged his duties in the chair in a meeting lasting necessarily over a long period of time, and though no doubt full of interest, still perhaps a task which physically is rather a great one. He has performed it with the same cheerfulness with which in other walks of life he has always discharged his duties. (Cheers.) In the absence of the King and other members of the Royal Family, I would venture to say before His Royal Highness' face that no worthier representative could have been found to give that welcome which the King himself was debarred from giving. I will only ask you to show your appreciation of the manner in which His Royal Highness has fulfilled the duties of the chair, and to thank him most heartily for having come here. (Cheers.)

Sir WILLIAM BROADBENT, K.C.V.O., Chairman of the Organising Council, who was also warmly received, said: On the part of the medical members of this Congress I have great satisfaction in asking you to join in this expression of thanks to His Royal Highness for his presence here to-day. It is nothing short of heroic for him to come out on a day like this and to face the fatigues of a meeting such as we have had. (Cheers.) I am sure that all will remember this meeting, not only on account of the admirable speeches we have heard, but they will count it an honour to have been present at a meeting presided over by His Royal Highness. I am certain that all our foreign guests will appreciate highly his gracious presence here to-day. With great pleasure I have to second the vote of thanks proposed by Lord Derby.

The Resolution was carried with acclamation.

The CHAIRMAN, in reply, said: I appreciate very much the kind way in which you have supported me on this occasion. I feel how very unsatisfactory a President I have been ("No, no"); but I obey the orders, which I always do when I can possibly do so, of His Majesty the King, and I am sure

he will appreciate the very kind manner in which you have received his representative on this occasion. Before we leave this room I think I may just mention that there is a sum of £120,000—I do not know from whom it comes—set aside, I believe, for the establishment of one of the first sanatoria that are necessary to carry out the requirements of this Congress. I think it right to let you know that I believe there is somewhere or other that sum waiting to be accepted by the public. (Cheers.)

(The meeting then closed.)

SECOND GENERAL MEETING.

The SECOND GENERAL MEETING of the CONGRESS was held in ST. JAMES'S HALL, PICCADILLY, on Tuesday afternoon, JULY 23rd, 1901. The RIGHT HONOURABLE LORD LISTER, F.R.S., taking the CHAIR at 3 P.M., opened the the meeting by saying: Ladies and Gentlemen,—To those of you who belong to the medical profession, no words are necessary from me to introduce Robert Koch. (Applause.) To others I may say, very briefly, that he may be said to be the foremost of living bacteriologists—(applause)—that he devised the simple but most efficacious means of separating the individual bacterium from the host of others that may accompany it, and cultivating it with perfect certainty in a pure state. He discovered by this method of his the microbe of cholera, the knowledge of which enables us to ward off that dreadful scourge from our shores. (Applause.) Without referring to other of his many achievements, I may remind you that he is the discoverer of the bacillus of tubercle—(applause)—which constitutes the only reliable basis on which our preventive means against tuberculosis rest. I therefore, ladies and gentlemen, have great pleasure in asking you to listen to Dr. Koch.

Professor R. KOCH, who was received with great applause, said: My Lord Lister, Ladies and Gentlemen,—The task with which this Congress will have to busy itself is one of the most difficult, but it is also one in which labour is most sure of its reward.

I need not point again to the innumerable victims tuberculosis annually claims in all countries, nor to the boundless misery it brings on the families it attacks. You all know that there is no disease which inflicts such deep wounds on mankind as this. All the greater, however, would be the general joy and satisfaction if the efforts that are being made to rid mankind of this enemy, which consumes its inmost marrow, were crowned with success.

There are many, indeed, who doubt the possibility of successfully combating this disease, which has existed for thousands of years, and has spread all over the world. This is by no means my opinion. This is a conflict into which we may enter with a surely founded prospect of success, and I will tell you the reasons on which I base this conviction.

Only a few decades ago the real nature of tuberculosis was unknown to us; it was regarded as a consequence, as the expression, so to speak, of social misery, and, as this supposed cause could not be got rid of by simple means, people relied on the probable gradual improvement of social conditions, and did nothing. All this is altered now. We know that social misery does indeed go far to foster tuberculosis, but the real cause of the disease is a parasite—that is, a visible and palpable enemy, which we can pursue and annihilate, just as we can pursue and annihilate other parasitic enemies of mankind.

Strictly speaking, the fact that tuberculosis is a preventible disease ought to have become clear as soon as the tubercle-bacillus was discovered, and the properties of this parasite and the manner of its transmission became known. I may add that I, for my part, was aware of the full significance of this discovery from the first, and so will everybody have been who had convinced himself of the causal relation between tuberculosis and the tubercle-bacillus. But the strength of a small number of medical men was inadequate to the conflict with a disease so deeply rooted in our habits and customs. Such a conflict requires the co-operation of many, if possible of all, medical men, shoulder to shoulder with the State and the whole population; but now the moment when such co-operation is possible seems to have come. I suppose there is hardly any medical man now who denies the parasitic nature of tuberculosis, and among the non-medical public too the knowledge of the nature of the disease has been widely propagated.

Another favourable circumstance is that success has recently been achieved in the combating of several parasitic diseases, and that we have learned from these examples how the conflict with pestilences is to be carried on.

The most important lesson we have learned from the said experience is that it is a great blunder to treat pestilences uniformly. This was done in former times; no matter whether the pestilence in question was cholera, plague, or leprosy, isolation, quarantine, useless disinfection were always resorted to. But now we know that every disease must be treated according to its own special individuality, and that the measures to be taken against it must be most accurately adapted to its special nature, to its etiology. We are entitled to hope for success in combating tuberculosis only if we keep this lesson constantly in view. As so extremely much depends just on this point I shall take the liberty to illustrate it by several examples.

The pestilence which is at this moment in the foreground of interest, the bubonic plague, may be instructive to us in several respects

People used to act upon the conviction that a plague patient was in the highest degree a centre of infection, and that the disease was transmitted only by plague patients and their belongings. Even the most recent international agreements are based on this conviction. Although, as compared with formerly, we now have the great advantage that we can, with the aid of the microscope and of experiments on animals, recognise every case of plague with absolute certainty, and although the prescribed inspection of ships, quarantine, the isolation of patients, the disinfection of infected dwellings and ships, are carried out with the utmost care, the plague has, nevertheless, been transmitted everywhere, and has in not a few places assumed grave dimensions. Why this has happened we know very well, owing to the experience quite recently gained as to the manner in which the plague is transmitted. It has been discovered that only those plague patients that suffer from plague-pneumonia—a condition which is fortunately infrequent—are centres of infection, and that the real transmitters of the plague are the rats. There is no longer any doubt that, in by far the majority of the cases in which the

plague has been transmitted by ocean traffic, the transmission took place by means of plague among the ship rats. It has also been found that, wherever the rats were intentionally or unintentionally exterminated, the plague rapidly disappeared; whereas at other places, where too little attention had been paid to the rat plague, the pestilence continued. This connection between the human plague and the rat plague was totally unknown before, so that no blame attaches to those who devised the measures now in force against the plague if the said measures have proved unavailing. It is high time, however, that this enlarged knowledge of the etiology of the plague be utilised in international as well as in other traffic. As the human plague is so dependent on the rat plague, it is intelligible that protective inoculation and the application of antitoxic serum have had so little effect. A certain number of human beings may have been saved from the disease by that, but the general spread of the pestilence has not been hindered in the least.

With cholera the case is essentially different; it may, under certain circumstances, be transmitted directly from human beings to other human beings, but its main and most dangerous propagator is water, and therefore, in the combating of cholera, water is the first thing to be considered. In Germany, where this principle has been acted on, we have succeeded for four years in regularly exterminating the pestilence (which was introduced again and again from the infected neighbouring countries) without any obstruction of traffic.

Hydrophobia, too, is not void of instruction for us. Against this disease the so-called protective inoculation proper has proved eminently effective as a means of preventing the outbreak of the disease in persons already infected, but, of course, such a measure can do nothing to prevent infection itself. The only real way of combating this pestilence is by compulsory muzzling. In this matter also we have had the most satisfactory experience in Germany, but have at the same time seen that the total extermination of the pestilence can be achieved only by international measures; because hydrophobia, which can be very easily and rapidly suppressed, is always introduced again year after year from the neighbouring countries.

Permit me to mention only one other disease, because it is etiologically very closely akin to tuberculosis, and we can learn not a little for the furtherance of our aims from its successful combating. I mean leprosy. It is caused by a parasite which greatly resembles the tubercle-bacillus. Just like tuberculosis, it does not break out till long after infection, and its course is almost slower. It is transmitted only from person to person, but only when they come into close contact, as in small dwellings and bedrooms. In this disease, accordingly, immediate transmission plays the main part; transmission by animals, water, or the like is out of the question. The combative measures, accordingly, must be directed against this close intercourse between the sick and the healthy. The only way to prevent this intercourse is to isolate the patients. This was most rigorously done in the Middle Ages by means of numerous leper-houses, and the consequence was that leprosy, which had spread to an alarming extent, was completely stamped out in Central

Europe. The same method has been adopted quite recently in Norway, where the segregation of lepers has been ordered by a special law. But it is extremely interesting to see how this law is carried out. It has been found that it is not at all necessary to execute it strictly, for the segregation of only the worst cases, and even of only a part of these, sufficed to produce a diminution of leprosy. Only so many infectious cases had to be sent to the leper-houses that the number of fresh cases kept regularly diminishing from year to year. Consequently the stamping out of the disease has lasted much longer than it would have lasted if every leper had been inexorably consigned to a leper-house, as in the Middle Ages; but in this way too the same purpose is gained, slowly indeed, but without any harshness.

These examples may suffice to show what I am driving at, which is to point out that, in combating pestilences, we must strike at the root of the evil, and must not squander force in subordinate ineffective measures. Now the question is whether what has hitherto been done, and what is about to be done against tuberculosis, really strikes at the root of tuberculosis, so that it must sooner or later die.

In order to answer this question it is necessary first and foremost to inquire how infection takes place in tuberculosis. Of course, I presuppose that we understand by tuberculosis only those morbid conditions which are caused by the tubercle-bacillus.

In by far the majority of cases of tuberculosis the disease has its seat in the lungs, and has also begun there. From this fact it is justly concluded that the germs of the disease, *i.e.*, the tubercle-bacilli, must have got into the lungs by inhalation. As to the question where the inhaled tubercle-bacilli have come from, there is also no doubt. On the contrary, we know with certainty that they get into the air with the sputum of consumptive patients. This sputum, especially in advanced stages of the disease, almost always contains tubercle-bacilli, sometimes in incredible quantities. By coughing, and even speaking, it is flung into the air in little drops, *i.e.*, in a moist condition, and can at once infect persons who happen to be near the coughers. But then it may also be pulverised when dried, in the linen or on the floor, for instance, and get into the air in the form of dust.

In this manner a complete circle, a so-called *circulus vitiosus*, has been formed for the process of Infection, from the diseased lung, which produces phlegm and pus containing tubercle-bacilli, to the formation of moist and dry particles (which, in virtue of their smallness, can keep floating a good while in the air), and finally to new Infection, if particles penetrate with the air into a healthy lung and originate the disease anew. But the tubercle-bacilli may get to other organs of the body in the same way, and thus originate other forms of tuberculosis. This, however, is a considerably rarer case. The sputum of consumptive people, then, is to be regarded as the main source of the Infection of tuberculosis. On this point, I suppose, all are agreed. The question now arises whether there are not other sources too, copious enough to demand consideration in the combating of tuberculosis.

Great importance used to be attached to the hereditary transmission of

tuberculosis. Now, however, it has been demonstrated by thorough investigation that, though hereditary tuberculosis is not absolutely non-existent, it is nevertheless extremely rare, and we are at liberty, in considering our practical measures, to leave this form of origination entirely out of account.

But another possibility of tubercular Infection exists, as is generally assumed, in the transmission of the germs of the disease from tubercular animals to man. This manner of Infection is generally regarded nowadays as proved, and as so frequent that it is even looked upon by not a few as the most important, and the most rigorous measures are demanded against it. In this Congress also the discussion of the danger with which the tuberculosis of animals threatens man will play an important part. Now, as my investigations have led me to form an opinion deviating from that which is generally accepted, I beg your permission, in consideration of the great importance of this question, to discuss it a little more thoroughly.

Genuine tuberculosis has hitherto been observed in almost all domestic animals, and most frequently in poultry and cattle. The tuberculosis of poultry, however, differs so much from human tuberculosis that we may leave it out of account as a possible source of Infection for man. So, strictly speaking, the only kind of animal tuberculosis remaining to be considered is the tuberculosis of cattle, which, if really transferable to man, would indeed have frequent opportunities of infecting human beings through the drinking of the milk and the eating of the flesh of diseased animals.

Even in my first circumstantial publication on the etiology of tuberculosis I expressed myself regarding the identity of human tuberculosis and bovine tuberculosis with reserve. Proved facts which would have enabled me sharply to distinguish these two forms of the disease were not then at my disposal, but sure proofs of their absolute identity were equally undiscoverable, and I therefore had to leave this question undecided. In order to decide it, I have repeatedly resumed the investigations relating to it, but so long as I experimented on small animals, such as rabbits and guinea-pigs, I failed to arrive at any satisfactory result, though indications which rendered the difference of the two forms of tuberculosis probable were not wanting. Not till the complaisance of the Ministry of Agriculture enabled me to experiment on cattle, the only animals really suitable for these investigations, did I arrive at absolutely conclusive results. Of the experiments which I have carried out during the last two years along with Professor Schütz, of the Veterinary College in Berlin, I will tell you briefly some of the most important.

A number of young cattle which had stood the tuberculin test, and might therefore be regarded as free from tuberculosis, were infected in various ways with pure cultures of tubercle-bacilli taken from cases of human tuberculosis; some of them got the tubercular sputum of consumptive patients direct. In some cases the tubercle-bacilli or the sputum were injected under the skin, in others into the peritoneal cavity, in others into the jugular vein. Six animals were fed with tubercular sputum almost daily for seven or eight months; four repeatedly inhaled great quantities of bacilli, which were distributed in water, and scattered with it in the form of spray. None of these cattle (there were

nineteen of them) showed any symptoms of disease, and they gained considerably in weight. From six to eight months after the beginning of the experiments they were killed. In their internal organs not a trace of tuberculosis was found. Only at the places where the injections had been made small suppurative foci had formed, in which few tubercle-bacilli could be found. This is exactly what one finds when one injects dead tubercle-bacilli under the skin of animals liable to contagion. So the animals we experimented on were affected by the living bacilli of human tuberculosis exactly as they would have been by dead ones; they were absolutely insusceptible to them.

The result was utterly different, however, when the same experiment was made on cattle free from tuberculosis with tubercle-bacilli that came from the lungs of an animal suffering from bovine tuberculosis. After an incubation-period of about a week the severest tubercular disorders of the internal organs broke out in all the infected animals. It was all one whether the infecting matter had been injected only under the skin or into the peritoneal cavity or the vascular system. High fever set in, and the animals became weak and lean; some of them died after a month and a half to two months, others were killed in a miserably sick condition after three months. After death extensive tubercular infiltrations were found at the place where the injections had been made, and in the neighbouring lymphatic glands, and also far advanced alterations of the internal organs, especially the lungs and the spleen. In the cases in which the injection had been made into the peritoneal cavity, the tubercular growths which are so characteristic of bovine tuberculosis were found on the omentum and peritoneum. In short, the cattle proved just as susceptible to Infection by the bacillus of bovine tuberculosis as they had proved insusceptible to Infection by the bacillus of human tuberculosis. I wish only to add that preparations of the organs of the cattle which were artificially infected with bovine tuberculosis in these experiments are exhibited in the Museum of Pathology and Bacteriology.

An almost equally striking distinction between human and bovine tuberculosis was brought to light by a feeding experiment with swine. Six young swine were fed daily for three months with the tubercular sputum of consumptive patients. Six other swine received bacilli of bovine tuberculosis with their food daily for the same period. The animals that were fed with sputum remained healthy and grew lustily, whereas those that were fed with the bacilli of bovine tuberculosis soon became sickly, were stunted in their growth, and half of them died. After three months and a half the surviving swine were all killed and examined. Among the animals that had been fed with sputum no trace of tuberculosis was found, except here and there little nodules in the lymphatic glands of the neck, and in one case a few grey nodules in the lungs. The animals, on the other hand, which had eaten bacilli of bovine tuberculosis had, without exception (just as in the cattle experiment), severe tubercular diseases, especially tubercular infiltration of the greatly enlarged lymphatic glands of the neck and of the mesenteric glands, and also extensive tuberculosis of the lungs and the spleen.

The difference between human and bovine tuberculosis appeared not less

strikingly in a similar experiment with asses, sheep, and goats, into whose vascular systems the two kinds of tubercle-bacilli were injected.

Our experiments, I must add, are not the only ones that have led to this result. If one studies the older literature of the subject, and collates the reports of the numerous experiments that were made in former times by Chauveau, Günther and Harms, Bollinger, and others, who fed calves, swine, and goats with tubercular material, one finds that the animals that were fed with the milk and pieces of the lungs of tubercular cattle always fell ill of tuberculosis, whereas those that received human material with their food did not. Comparative investigations regarding human and bovine tuberculosis have been made very recently in North America by Smith, Dinwiddie, and Frothingham, and their result agreed with that of ours. The unambiguous and absolutely conclusive result of our experiments is due to the fact that we chose methods of Infection which exclude all sources of error, and carefully avoided everything connected with the stalling, feeding, and tending of the animals that might have a disturbing effect on the experiments.

Considering all these facts, I feel justified in maintaining that human tuberculosis differs from bovine, and cannot be transmitted to cattle. It seems to me very desirable, however, that these experiments should be repeated elsewhere, in order that all doubt as to the correctness of my assertion may be removed.

I wish only to add that, owing to the great importance of this matter, the German Government has appointed a commission to make further inquiries on the subject.

But, now, how is it with the susceptibility of man to bovine tuberculosis? This question is far more important to us than that of the susceptibility of cattle to human tuberculosis, highly important as that is too. It is impossible to give this question a direct answer, because, of course, the experimental investigation of it with human beings is out of the question. Indirectly, however, we can try to approach it. It is well known that the milk and butter consumed in great cities very often contain large quantities of the bacilli of bovine tuberculosis in a living condition, as the numerous infection-experiments with such dairy products on animals have proved. Most of the inhabitants of such cities daily consume such living and perfectly virulent bacilli of bovine tuberculosis, and unintentionally carry out the experiment which we are not at liberty to make. If the bacilli of bovine tuberculosis were able to infect human beings, many cases of tuberculosis caused by the consumption of alimenta containing tubercle-bacilli could not but occur among the inhabitants of great cities, especially the children. And most medical men believe that this is actually the case.

In reality, however, it is not so. That a case of tuberculosis has been caused by alimenta can be assumed with certainty only when the intestine suffers first—*i.e.*, when a so-called primary tuberculosis of the intestine is found. But such cases are extremely rare. Among many cases of tuberculosis examined after death, I myself remember having seen primary tuberculosis of the intestine only twice. Among the great post-mortem material

of the Charité Hospital in Berlin ten cases of primary tuberculosis of the intestine occurred in five years. Among 933 cases of tuberculosis in children at the Emperor and Empress Frederick's Hospital for Children, Baginsky never found tuberculosis of the intestine without simultaneous disease of the lungs and the bronchial glands. Among 3,104 post-mortems of tubercular children, Biedert observed only sixteen cases of primary tuberculosis of the intestine I could cite from the literature of the subject many more statistics of the same kind, all indubitably showing that primary tuberculosis of the intestine, especially among children, is a comparatively rare disease, and of these few cases that have been enumerated, it is by no means certain that they were due to Infection by bovine tuberculosis. It is just as likely that they were caused by the widely-propagated bacilli of human tuberculosis, which may have got into the digestive canal in some way or other—for instance, by swallowing saliva of the mouth. Hitherto nobody could decide with certainty in such a case whether the tuberculosis of the intestine was of human or of animal origin. Now we can diagnose them. All that is necessary is to cultivate in pure culture the tubercle-bacilli found in the tubercular material, and to ascertain whether they belong to bovine tuberculosis by inoculating cattle with them. For this purpose I recommend subcutaneous injection, which yields quite specially characteristic and convincing results. For half a year past I have occupied myself with such investigations, but, owing to the rareness of the disease in question, the number of the cases I have been able to investigate is but small. What has hitherto resulted from this investigation does not speak for the assumption that bovine tuberculosis occurs in man.

Though the important question whether man is susceptible to bovine tuberculosis at all is not yet absolutely decided, and will not admit of absolute decision to-day or to-morrow, one is nevertheless already at liberty to say that, if such a susceptibility really exists, the infection of human beings is but a very rare occurrence. I should estimate the extent of infection by the milk and flesh of tubercular cattle, and the butter made of their milk, as hardly greater than that of hereditary transmission, and I therefore do not deem it advisable to take any measures against it.

So the only main source of the Infection of tuberculosis is the sputum of consumptive patients, and the measures for the combating of tuberculosis must aim at the prevention of the dangers arising from its diffusion. Well, what is to be done in this direction? Several ways are open. One's first thought might be to consign all persons suffering from tuberculosis of the lungs, whose sputum contains tubercle-bacilli, to suitable establishments. This, however, is not only absolutely impracticable, but also unnecessary. For a consumptive who coughs out tubercle-bacilli is not necessarily a source of Infection on that account, so long as he takes care that his sputum is properly removed and rendered innocuous. This is certainly true of very many patients, especially in the first stages, and also of those who belong to the well-to-do classes, and are able to procure the necessary nursing. But how is it with people of very small means? Every medical man who has often entered the dwellings of the poor, and I can speak on this point from

my own experience, knows how sad is the lot of consumptives and their families there. The whole family have to live in one or two small, ill-ventilated rooms. The patient is left without the nursing he needs, because the able-bodied members of the family must go to their work. How can the necessary cleanliness be secured under such circumstances? How is such a helpless patient to remove his sputum, so that it may do no harm? But let us go a step further and picture the condition of a poor consumptive patient's dwelling at night. The whole family sleep crowded together in one small room. However cautious he may be, the sufferer scatters the morbid matter secreted by his diseased lungs every time he coughs, and his relatives close beside him must inhale this poison. Thus whole families are infected. They die out, and awaken in the minds of those who do not know the infectiousness of tuberculosis the opinion that it is hereditary, whereas its transmission in the cases in question was due solely to the simplest processes of Infection, which do not strike people so much, because the consequences do not appear at once, but generally only after the lapse of years.

Often, under such circumstances, the Infection is not restricted to a single family, but spreads in densely-inhabited tenement-houses to the neighbours, and then, as the admirable investigations of Biggs have shown in the case of the densely-peopled parts of New York, regular nests or foci of disease are formed. But, if one investigates these matters more thoroughly, one finds that it is not poverty *per se* that favours tuberculosis, but the bad domestic conditions under which the poor everywhere, but especially in great cities, have to live. For, as the German statistics show, tuberculosis is less frequent, even among the poor, when the population is not densely packed together, and may attain very great dimensions among a well-to-do population when the domestic conditions, especially as regards the bedrooms, are bad, as is the case, for instance, among the inhabitants of the North Sea coast. So it is the overcrowded dwellings of the poor that we have to regard as the real breeding-places of tuberculosis; it is out of them that the disease always crops up anew, and it is to the abolition of these conditions that we must first and foremost direct our attention if we wish to attack the evil at its root, and to wage war against it with effective weapons.

This being so, it is very gratifying to see how efforts are being made in almost all countries to improve the domestic conditions of the poor. I am also convinced that these efforts, which must be promoted in every way, will lead to a considerable diminution of tuberculosis. But a long time must elapse ere essential changes can be effected in this direction, and much may be done meanwhile in order to reach the goal much more rapidly.

If we are not able at present to get rid of the danger which small and overcrowded dwellings involve, all we can do is to remove the patients from them, and, in their own interests and that of the people about them, to lodge them better; and this can be done only in suitable hospitals. But the thought of attaining this end by compulsion of any kind is very far from me; what I want is that the consumptives may be enabled to obtain the nursing they need better than they can obtain it now. At present a consumptive in an

advanced stage of the disease is regarded as incurable and as an unsuitable inmate for a hospital. The consequence is that he is reluctantly admitted and dismissed as soon as possible. The patient too, when the treatment seems to him to produce no improvement, and the expenses, owing to the long duration of his illness, weigh heavily upon him, is himself animated by the wish to leave the hospital soon. That would be altogether altered if we had special hospitals for consumptives, and if the patients were taken care of there for nothing, or at least at a very moderate rate. To such hospitals they would willingly go; they could be better treated and cared for there than is now the case. I know very well that the execution of the project will have great difficulties to contend with, owing to the considerable outlay it entails. But very much would be gained if, at least in the existing hospitals, which have to admit a great number of consumptives at any rate, special wards were established for them in which pecuniary facilities would be offered them. If only a considerable fraction of the whole number of consumptives were suitably lodged in this way, a diminution of Infection, and consequently of the sum-total of tuberculosis, could not fail to be the result. Permit me to remind you in this connection of what I said about leprosy. In the combating of that disease also great progress has already been made by lodging only a fair number of the patients in hospitals. The only country that possesses a considerable number of special hospitals for tubercular patients is England, and there can be no doubt that the diminution of tuberculosis in England, which is much greater than in any other country, is greatly due to this circumstance. I should point to the founding of special hospitals for consumptives and the better utilisation of the already existing hospitals for the lodging of consumptives as the most important measure in the combating of tuberculosis, and its execution opens a wide field of activity to the State, to municipalities, and to private benevolence. There are many people who possess great wealth, and would willingly give of their superfluity for the benefit of their poor and heavily afflicted fellow-creatures, but do not know how to do this in a judicious manner. Here is an opportunity for them to render a real and lasting service by founding Consumption Hospitals or purchasing the right to have a certain number of consumptive patients maintained in special wards of other hospitals free of expense.

As, however, unfortunately, the aid of the State, the municipalities, and rich benefactors will probably not be forthcoming for a long time yet, we must for the present resort to other measures that may pave the way for the main measure just referred to, and serve as a supplement and temporary substitute for it.

Among such measures I regard obligatory notification as specially valuable. In the combating of all infectious diseases it has proved indispensable as a means of obtaining certain knowledge as to their state, especially their dissemination, their increase and decrease. In the conflict with tuberculosis also we cannot dispense with obligatory notification; we need it, not only in order to inform ourselves as to the dissemination of this disease, but mainly in order to learn where help and instruction can be given, and especially

where the disinfection which is so urgently necessary when consumptives die or change their residences has to be effected. Fortunately it is not at all necessary to notify all cases of tuberculosis, nor even all cases of consumption, but only those that, owing to the domestic conditions, are sources of danger to the people about them. Such limited notification has already been introduced in various places—in Norway, for instance, by a special law, in Saxony by a ministerial decree, in New York and in several American towns which have followed its example. In New York, where notification was optional at first and was afterwards made obligatory, it has proved eminently useful. It has thus been proved that the evils which it used to be feared the introduction of notification for tuberculosis would bring about need not occur, and it is devoutly to be wished that the examples I have named may very soon excite emulation everywhere.

There is another measure closely connected with notification, viz., disinfection, which, as already mentioned, must be effected when consumptives die or change their residence, in order that those who next occupy the infected dwelling may be protected against infection. Moreover, not only the dwellings but also the infected beds and clothes of consumptives ought to be disinfected.

A further measure, already recognised on all hands as effective, is the instructing of all classes of the people as to the infectiousness of tuberculosis, and as to the best way of protecting oneself. The fact that tuberculosis has considerably diminished in almost all civilised States of late is attributable solely to the circumstance that knowledge of the contagious character of tuberculosis has been more and more widely disseminated, and that caution in intercourse with consumptives has increased more and more in consequence. If better knowledge of the nature of tuberculosis has alone sufficed to prevent a large number of cases, this must serve us as a significant admonition to make the greatest possible use of this means, and to do more and more to bring it about that everybody may know the dangers that threaten him in intercourse with consumptives. It is only to be desired that the instructions may be made shorter and more precise than they generally are, and that special emphasis be laid on the avoidance of the worst danger of infection, which is the use of bedrooms and small ill-ventilated workrooms simultaneously with consumptives. Of course the instructions must include directions as to what consumptives have to do when they cough and how they are to treat their sputum.

Another measure, which has come into the foreground of late, and which at this moment plays to a certain extent a paramount part in all efforts for the combating of tuberculosis, works in quite another direction. I mean the founding of sanatoria for consumptives.

That tuberculosis is curable in its early stages must be regarded as an undisputed fact. The idea of curing as many tubercular patients as possible, in order to reduce the number of those that reach the infectious stage of consumption, and thus to reduce the number of fresh cases, was therefore a very natural one. The only question is whether the number of persons cured in this way will be great enough to exercise an appreciable influence on the

retrogression of tuberculosis. I will try to answer this question in the light of the figures at my disposal.

According to the business report of the German Central Committee for the Establishment of Sanatoria for the Cure of Consumptives, about 5,500 beds will be at the disposal of these institutions by the end of 1901, and then, if we assume that the average stay of each patient will be three months, it will be possible to treat at least 20,000 patients every year. From the reports hitherto issued as to the results that have been achieved in the establishments, we learn further that about 20 per cent. of the patients that have tubercle-bacilli in their sputum lose them by the treatment there. This is the only sure test of success, especially as regards prophylaxis. If we make this the basis of our estimates, we find that 4,000 consumptives will leave these establishments annually as cured. But, according to the statistics ascertained by the German Imperial Office of Health, there are 226,000 persons in Germany over fifteen years of age who are so far gone in consumption that hospital-treatment is necessary for them. Compared with this great number of consumptives the success of the establishments in question seems so small that a material influence on the retrogression of tuberculosis in general is not yet to be expected of them. But pray do not imagine that I wish, by this calculation of mine, to oppose the movement for the establishment of such sanatoria in any way. I only wish to warn against the over-estimating of their importance which has recently been observable in various quarters, based apparently on the opinion that the war against tuberculosis can be waged by means of sanatoria alone, and that other measures are of subordinate value. In reality the contrary is the case. What is to be achieved by the general prophylaxis resulting from recognition of the danger of infection, and the consequent greater caution in intercourse with consumptives, is shown by a calculation of Cornet's regarding the decrease of mortality from tuberculosis in Prussia in the years 1889 to 1897. Before 1889 the average was 31·4 per 10,000, whereas in the period named it sank to 21·8, which means that, in that short space of time, the number of deaths from tuberculosis was 184,000 less than was to be expected from the average of the preceding years. In New York, under the influence of the general sanitary measures directed in a simply exemplary manner by Biggs, the mortality from tuberculosis has diminished by more than 35 per cent. since 1886. And it must be remembered that both in Prussia and New York the progress indicated by these figures is due to the first beginnings of these measures. Considerably greater success is to be expected of their further development. Biggs hopes to have got so far in five years that in the city of New York alone the annual number of deaths from tuberculosis will be 3,000 less than formerly. I take this opportunity of most urgently recommending Dr. Biggs' organisation to the study and imitation of all municipal sanitary authorities.

Now, I do indeed believe that it will be possible to render the sanatoria considerably more efficient. If strict care be taken that only patients be admitted for whom the treatment of those establishments is well adapted, and if the duration of the treatment be prolonged, it will certainly be possible

to cure 50 per cent., and perhaps still more. But even then, and even if the number of the sanatoria be greatly increased, the total effect will always remain but moderate. The sanatoria will never render the other measures I have mentioned superfluous. If their number become great, however, and if they perform their functions properly, they may materially aid the strictly sanitary measures in the conflict with tuberculosis.

If now, in conclusion, we glance back once more to what has been done hitherto for the combating of tuberculosis, and forward to what has still to be done, we are at liberty to declare with a certain satisfaction that very promising beginnings have already been made. Among these I reckon the consumption hospitals of England, the legal regulations regarding notification in Norway and Saxony, the organisation created by Biggs in New York, the sanatoria, and the instruction of the people. All that is necessary is to go on developing these beginnings, to test, and if possible to increase their influence on the diminution of tuberculosis, and wherever nothing has yet been done, to do likewise.

If we are continually guided in this enterprise by the spirit of genuine preventive medical science, if we utilise the experience gained in conflict with other pestilences, and aim, with clear recognition of the purpose and resolute avoidance of wrong roads, at striking the evil at its root, then the battle against tuberculosis, which has been so energetically begun, cannot fail to have a victorious issue.

The CHAIRMAN then rose and said: Lord Derby, Ladies and Gentlemen,—The discourse to which we have listened is full of profound interest from beginning to end. That which has, perhaps, most riveted the attention of us all has been the startling thesis that bovine tuberculosis is incapable of development in man. This is a matter of the most enormous importance. (Applause.) On the one hand, if this conclusion is correct, our means of prevention of tuberculosis will be greatly simplified. On the other hand, it would be a very serious and very grievous matter if the endeavours that are being made to provide purity of milk supply should be relaxed, and then, after all, it should turn out that the conclusion was not altogether correct. (Cheers.) I confess, for my own part, that the evidence which Dr. Koch has brought before us, that human tuberculosis cannot be communicated to the bovine species, seems exceedingly conclusive. Nevertheless, I agree with him that it is desirable that a matter of such enormous importance should be established by further inquiry. (Applause.) The converse proposition, that bovine tuberculosis is incapable of development in man, is a totally different one—(Applause)—and would not at all follow even if the other were admitted, as Dr. Koch himself is abundantly well aware. Let me take a single instance that occurs to me. To inoculate small-pox into the calf is a matter of extreme difficulty; it very rarely succeeds. Here and there a case of success had been published as an isolated matter, but the failures so greatly preponderated that pathologists of the highest eminence came to the conclusion that small-pox and cow-pox were two totally distinct diseases. It has now been shown that

this was an entire mistake. Let me mention one single—in itself conclusive—piece of evidence to that effect, evidence lately established by Dr. Monckton Copeman. He has found that while he cannot inoculate small-pox from man into a calf, he can infallibly do so into the monkey; and that then by inoculating from the pustule in the monkey to the calf, he as infallibly succeeds in producing a pustule in that animal, and that the result is the genuine cow-pox which can be used for preventive vaccination in the human subject. Here a virus which is practically incapable of direct inoculation from man into a certain other species becomes so altered in its properties by passing through a third kind of animal that it will grow readily in the species in which it could previously only develop with great difficulty, and when so modified can be transferred back to man with the utmost facility. Therefore this matter is one that requires its own special demonstration. It does not at all follow, because human tuberculosis will not develop in the cow, that therefore bovine tuberculosis may not develop in man. (Applause.) Now, on this point I must frankly confess the evidence which Dr. Koch has brought before us does not seem to me very conclusive. (Applause.) It is, as I understand him, to the effect that a primary intestinal tubercular lesion is a very rare occurrence in the child, in spite of the abundant occurrence of bovine tubercle bacilli in dairy products. But though the actual tubercular lesion in the intestine be as rare as Dr. Koch's statistics indicate, it surely must be admitted that tubercular disease of the mesenteric glands is quite a common disease in the child. (Applause.) And, as I learn, a considerable percentage of children that have died of tubercular disease have tubercle in their mesenteric glands, with or without intestinal tubercular lesion, as the only tubercular disease present: for example, without its presence in the lungs. I confess that to me it seems the natural interpretation, if this be the fact, that the tubercle bacillus passes through the intestinal wall without producing a distinct lesion of the mucous membrane—(Applause)—just as we know may occasionally be the case in typhoid fever. Although the intestinal mucous membrane is the chosen seat of the development of the bacillus of that disease, yet in certain exceptional cases it seems to pass through the intestinal wall without developing there, and is found in other organs. If that may be in the case of typhoid fever, how much more likely is it in the case of tuberculosis? The experiments which Dr. Koch alluded to in the latter portion of his discourse were, as I understand, to the effect that he inoculated material from human tubercular mesenteric glands into bovine animals, and failed to produce tuberculosis in them. These experiments, in the first place, are very few; and in the second place, if they were uniformly successful, it would not, to my mind, absolutely prove the point, because the tubercle bacillus derived from the ox or from the cow might have undergone a modification in the human system, just as the small-pox virus undergoes modification in the calf. (Applause.) Therefore, what was inoculated in such experiments might be, not the bovine tuberculosis, but the bovine tuberculosis transformed into human tuberculosis by residence in the human subject. (Applause.) I feel, therefore ladies and gentlemen, while I express myself very imperfectly—("No, no")—that

this is a matter which requires to be probed more deeply before this Congress, as I imagine, will give its assent to this proposition of Dr. Koch's. (Applause.) But I am sure that on a matter of such transcendent moment the Congress would like the opinions of experts—(Hear, hear)—and I will therefore call upon Professor Nocard to give us some words on this subject. (Loud applause.)

Professor NOCARD: Mr. President, Gentlemen,—I am much honoured and also moved by being called upon to join my congratulations to those which the President, with all the authority of his position, has just addressed to Professor Koch. I am very happy to congratulate the greatest bacteriologist in the world in the name of the French bacteriologists. (Applause.) I am also glad to convey to him the personal tribute of my admiration and gratitude, which date from a time, now long past, when I was first able to appreciate the elevation of his mind and all the nobility of his soul. (Loud applause.)

I am much pleased with Professor Koch's lecture. For a long time we veterinary surgeons have struggled against an ill-considered attempt to exaggerate the dangers of bovine tuberculosis. For ten years past we have protested against the useless seizure of considerable quantities of good meat, under the pretext that the animal it came from had some tuberculous nodules in the lungs or the ganglions.

This exaggerated movement has been checked. Professor Koch's address may have brought it to a full stop. I fear, however, lest the reaction may go too far in the other direction. One must not extricate oneself from one error to fall into a worse one. I do not desire that, after exaggerating the dangers of bovine tuberculosis, the fact that this tuberculosis is a danger should be denied. As a fact, bovine tuberculosis plays a very secondary part in the progress of human tuberculosis. We have always said so, and I appeal to M. Brouardel to confirm me in this; but so long as this danger exists at all, it is undeniable that it cannot be suppressed by denying it.

There are numerous proofs which show that sometimes the ox, which is generally so resistant to inoculation with human tuberculosis, may, nevertheless, develop it. There are recorded cases, first published by my chief, M. Chauveau, who, to his great regret, is not able to take part in this Congress. These cases were published at full length in the account given at the second congress on tuberculosis which took place at Paris in 1891. It was an account of some young calves, which had been inoculated through the digestive organs or by means of subcutaneous injections. A similar number of animals of the same age and the same origin served as evidence on the other side. Then, when those which had been treated with tuberculous matter from man exhibited lesions of more or less intensity in the mesenteric glands, the retro-pharyngeal or œsophageal glands, the others were absolutely healthy.

At the time when M. Chauveau made these experiments, there were no other means of experimenting than those; there was no tuberculin then, no means of making inoculations with pure cultures.

A short time after M. Guillard published the results of his memorable

experiments, and M. Chauveau was the first to give M. Guillard's doctrine the support of well-balanced and convincing experiments. (Applause.)

There are others; I know that several of my colleagues at this Congress are going to communicate the results of similar experiments, in which calves inoculated with the products of human tuberculosis have contracted the disease, and these men have brought evidence to support their views.

These cases are rare; I do not know why it is that this tuberculosis is rare, or why in certain cases one succeeds and in more frequent cases one does not succeed. I have no certain knowledge, but I cannot help thinking that it is due to the general law that any parasite, continuing a long time in certain subjects, acquires characteristics peculiar to those subjects which render it more dangerous to those subjects where it finds a favourable soil, and that it loses some of its qualities when brought in contact with a different soil.

Of this bacteriology furnishes many examples. The most remarkable is that of wheal-worm in pigs. Wheal-worm from pigs, inoculated in rabbits for the first time, does not always kill them. To make certain of killing a rabbit, several must be inoculated, and the bacillus transmitted from the first that dies into a second. It kills very quickly after a few transmissions; it finally becomes so virulent that the animal dies in a few hours after an inoculation of seven times' transmitted tuberculosis. The virulence of the bacillus to the rabbit has, therefore, been considerably heightened, but it is remarkable to note that if this very virulent bacillus be readministered to pigs, it no longer kills; it has lost its danger for them.

You see that continuance in a certain soil gives the microbe special qualities not previously possessed by it.

But there are other facts that apply to a higher form of parasite, the tripanozome of the "dorine." "Dorine" is a malady caused by a tripanozome. The first man who studied it was an army doctor, M. Roger, who inoculated mice and rats with it, which had been killed; several days after they showed tripanozomes and their blood swarmed with that parasite.

The next to make observations on this disease were M. Schneider and another, army veterinary surgeons. They substituted for the mice and rats dogs, which proved to be equally susceptible to tripanozomes. After a succession of inoculations in dogs, a horse was inoculated with it and developed the malady, but after having succeeded in the horse this parasite, derived from dogs, was quite harmless to rats and mice, although, when inoculated directly into mice, it had killed them very speedily. This is a further example of qualities acquired by a microbe of a definite origin in its passage through a particular organism.

This is how I explain the fact that inoculation of cows with human tuberculosis is rarely successful, but though this may be, even though cows are impervious to human tuberculosis, one cannot conclude from that that the converse is true, and that man is impervious to bovine tuberculosis.

It is not possible to test this by experiments, but certain well-observed facts are recorded which indisputably prove the possibility of inoculation of tuberculosis in man from bovine animals; there are facts of undoubted inoculations,

nearly always of veterinary surgeons who have suffered from it. They have been inoculated while making post-mortem examinations on tuberculous cows. Then the disease has remained unnoticed for several months, but it has revealed itself sooner or later—its course has varied according to different circumstances, but it has finally appeared. Some of them have been cured; we have a colleague, also a veterinary surgeon, in Copenhagen, who is an example of its curability. Others are dead, having watched step by step the progress of the disease from the moment of inoculation to the summit of corresponding lung.

There are other records of inoculations from bovine animals to man through milk. There is one which is celebrated: it is that which Professor Koch, of Geneva, records of one of his own daughters. It was a family in which tuberculosis was unknown; one day one of the daughters fell ill and went into a decline. No one knew what was the matter with her for several months; at last an examination disclosed abdominal tuberculosis, which proved fatal. A post-mortem examination confirmed this diagnosis, pronounced abdominal tuberculosis proceeding evidently from an alimentary source. The family racked their memories, then it was recollected that they made an annual sojourn in a small hereditary estate in the mountains, and that this young girl was in the habit every morning, when there, of drinking a cup of new milk. A veterinary surgeon was sent for from Geneva, who administered tuberculin to all the animals; he found three or four infected; these were destroyed; there was one among them with the udder quite eaten away with tuberculosis. There are other proofs. I may remind you of a fact established by your chemist Thornton, and which proves the gravity of the danger. The general mortality in England from tuberculosis has diminished in fifty years by 45 per cent. Only one class of the population shows a contrary tendency, this is that of infants of tender years who die of abdominal tuberculosis. In this class the proportion has increased 27 per cent. as compared to a general diminution of 45 per cent. Why this contrast? Mr. Thornton answers unhesitatingly. The greatest efforts have been directed to the sanitation of houses, workshops, and towns, and thus a large proportion of the possibilities of infection through the respiratory organs, which are the most frequent in the adult, have been removed. But nothing has been done to diminish the chances of infection through the digestive channels, to which infants are most liable. Nothing has been done to ensure the sanitary condition of the milch cows or to prevent the sale of milk from those with tuberculous udders.

This fact proves the necessity of the measures taken and proposed against tuberculous milk cows, and I shall continue to cry, as I do now, "Mothers of families, do not give milk to your children without having it boiled." (Repeated applause.)

Professor BANG, rising to thank Professor Koch, said: As one of the foreign delegates, I ask permission to say a few words, in order to join with our President, Lord Lister, in most hearty thanks to Professor Koch for his paper. There is only one point in which I fear Professor Koch has gone a

little too far. I mean when he speaks of the non-necessity of taking measures against the tuberculosis of cattle. I fear his opinion will be rather detrimental to the work which goes on in many countries, in order to procure healthy milk for the public. And I think, although he has proved that there is only a very little danger of infecting cattle from tuberculous men, it is not certain that the opposite conclusion is right. I permit myself to remember the well-known cases of tuberculosis in men produced by inoculation from wounds. As such cases exist, and as we know all sorts of animals are capable of being infected through feeding from tuberculous milk, I think it will be wise to conserve our fear of tuberculosis. (Applause.)

Professor SIMS WOODHEAD said: Lord Lister, Lord Derby, Ladies and Gentlemen,—I esteem it a great honour to be allowed to add my few words of thanks to Professor Koch for the most able and exhaustive treatment of his subject that he has given us this afternoon. (Applause.) It would be impertinent on my part to apply to it any descriptive term save that of masterly, and I think I may be allowed to be your mouthpiece in this matter and to say that it has been a masterly exposition of the subject. (Applause.) I am sure we all admire the wise and humane manner in which he would treat this question. He is not to be deterred by difficulties; he goes to the root of the question from the very outset. There is one matter that has been mentioned by the other speakers to which I should like to add a word; and I do this simply because Professor Koch's word going out on this question is of such enormous weight, that I feel that anything that is to be said on the opposite side should, perhaps, be put rather strongly. (Hear, hear.) We believe, my lord, that if there had been no Koch there would have been no Tuberculosis Congress—(Applause)—that Koch, in coming here, has strengthened the hands of those who are working at this subject—has strengthened them enormously. But for that reason we wish to gain some little time during which we may examine carefully the subject which has been mentioned. I, for one, am convinced that bovine tuberculosis does play some part in the extension of human tuberculosis. (Applause.) I cannot look upon that specimen exhibited in the museum by Professor Crookshank, from an inoculation experiment, in which he took tuberculous material and injected it into the peritoneal cavity of a calf, without feeling there is much to be said against Professor Koch's thesis. Professor Crookshank, using the sputum of a tuberculous patient, produced a most distinct lesion at the point of inoculation, extending throughout the peritoneal cavity, and giving evidence at a later stage of tubercular infection in distant organs. This is one positive case, which I hold far overbalances a very large number of negative cases. (Applause.) Therefore, Sir, I wished to speak of this, and to ask whether it would not be possible in some way to give effect to Professor Koch's suggestion, as has been done in Germany, or that something similar should be done in this country; and whether it would not be possible for the members of this Congress, through representatives, to approach the Minister of Agriculture or the President of the Local Government Board—(Applause)—to see if

nothing can be done to settle this very important question. (Applause.) We cannot settle it by talking about it, and it is only by careful experiments, carried out on very definite lines, that we can convince ourselves of the accuracy or insufficiency of Professor Koch's statements. We are all bound to believe what Professor Koch states until we can prove by actual experiment that it is not so. We know he is a great experimenter, but even the greatest sometimes may have slight failures; or at any rate there may be misinterpretations or misconstructions—one knows not what; but at any rate I think it is right, as Professor Koch has told us what is being done in Germany, that somewhat similar steps should be taken in this country. It is a national question—nay, more than that, it is an international question; it is a question which affects the whole world, and I hold that we ought to take our part in arriving at some definite conclusion on the subject. In the meantime we have accepted this bovine tuberculosis as being a cause of human tuberculosis. There is a great deal of evidence in favour of the accuracy of this position. I myself have seen a considerable number of cases of disease of the mesenteric glands, in which there has been absolutely not a trace of tubercle in any other part of the body, in children. Therefore I cannot but feel that, whether it is of frequent occurrence or not, bovine tuberculosis is transmissible to the human subject, and for that reason we ought for the present—until we have made up our minds thoroughly on the subject—to continue to take such precautionary measures as have already been recommended.

I have got away from the subject, but I now thank Professor Koch most heartily for the magnificent address that he has given. I consider it very extraordinary that there should be such wonderful unanimity on the whole question, except on this single small point; and I think that Professor Koch is to be congratulated most heartily that he has convinced everyone here, except on this single but important point. (Loud applause.)

The CHAIRMAN, in conclusion, said: Ladies and Gentlemen,—Before we break up, I will ask you to pass an unanimous vote of heartiest thanks to him who has given us this splendid address. (Loud cheers.)

The vote was carried by acclamation, and the proceedings then terminated.

THIRD GENERAL MEETING.

The THIRD GENERAL MEETING was held in ST. JAMES'S HALL at 3 p.m. on Wednesday, JULY 24th, 1901.

The RIGHT HONOURABLE HENRY CHAPLIN, M.P., as Chairman, opened the meeting by saying:—I deem it a most distinguished honour that I am permitted to preside at one of the General Meetings of this Congress, whose proceedings at this moment create such exceptional interest, both in this and other countries. My duty upon this occasion is a very simple one. It is to introduce to you M. Brouardel, who will now address you. M. Brouardel is prominent among those distinguished men who from all portions of the world are present in London at this moment to deliberate upon the means of arresting what is one of the great scourges of the human race, although we are taught that it is also one which both can and ought to be controlled. M. Brouardel is the head of the Society of Medicine in Paris. He is the chief medical adviser of the French Government, and I may add that I think he is also perhaps the greatest living authority upon sanitary matters in Europe. Therefore, gentlemen, without further preface I will ask him to address you.

Professor BROUARDEL said: Monsieur le Président, Mesdames, Messieurs,—La tuberculose compte à son actif, suivant les pays, le sixième, le cinquième et quelquefois le quart de la mortalité totale. De tels ravages imposent à tous les peuples, à tous les gouvernements, le devoir de rechercher et d'appliquer les moyens capables d'enrayer la propagation d'une maladie qui à notre époque est le grand ennemi de la race humaine.

On peut s'étonner que le cri d'alarme ait été si long à se faire entendre, que pendant des siècles nos ancêtres aient assisté impassibles aux désastres dont ils étaient témoins. Plusieurs raisons expliquent cette indifférence apparente.

On tenait la lutte pour inutile, la maladie pour incurable; on ne connaissait pas ses moyens de propagation. Exagérant la portée de certaines observations on admettait que la phtisie est héréditaire. On s'endormait sur cette formule, qui servait d'oreiller à la paresse et dispensait de rechercher les origines du mal.

On tenait pour une légende les observations populaires, celles de Morgagni, qui au XVII^e^ siècle rapportait qu'en Italie on brûlait la literie des personnes mortes de phtisie et qui déclarait ne pas oser faire l'autopsie des tuberculeux.

Mais lorsque Villemin, le 5 décembre 1865, eut exposé à l'Académie de médecine les expériences qui établissaient la réalité de la contagion, lorsque notre illustre collègue R. Koch eut révélé et mis sous les yeux des médecins l'agent de cette contagion, chacun sentit qu'il s'ouvrait pour l'humanité une

nouvelle voie, et chez tous les peuples s'éveilla la volonté de mettre à profit pour le plus grand bien de tous les récentes découvertes de la science.

Vous, messieurs les Anglais, alors que les savants dont je viens de rappeler les noms n'avaient pas encore déchiré le voile qui nous cachait la vérité, vous aviez déjà commencé la lutte. Convaincus par l'observation des faits que la tuberculose se développe dans les logements sombres et humides, vous avez dès 1836, il y a près de soixante-dix ans, édicté une loi pour favoriser la construction de maisons salubres. Depuis lors votre zèle ne s'est pas ralenti. Votre législation compte plus de dix *acts* par lesquels, avec une persévérance admirable, vous avez assaini le logement du pauvre, l'atelier, la ville et le royaume tout entier. L'un de vous a caractérisé cet effort en le désignant sous le nom de la reine qui avait présidé à sa direction, il l'a appelé : *the Victorian era.* On ne saurait rendre à son Auguste Majesté un hommage qui aurait été plus gracieusement accueilli ; au nom de tous mes compatriotes je me joins à nos collègues anglais et j'adopte ce nom caractéristique de la lutte entreprise et du succès obtenu. Vous avez diminué votre mortalité par tuberculose de 40 p. 100. C'est votre honneur, ce sera le nôtre de vous imiter.

Messieurs les membres du Comité m'ont prié d'exposer dans cette conférence les moyens adoptés par les différentes nations pour lutter contre la propagation de la tuberculose. J'ai accepté, mais je dois de suite faire un aveu. J'ai trop compté sur mon désir de donner satisfaction au vœu que m'avaient adressé nos excellents collègues, et qui répond à de si légitimes préoccupations ; malheureusement les renseignements précis sont difficiles à réunir, le temps pour les vérifier était bien court, il y aura donc dans ce compte-rendu bien des lacunes, probablement même des erreurs. Je serais heureux que les unes et les autres me soient signalées, je le demande instamment à mes collègues ; s'ils écoutent mon appel, le vœu formulé par les membres du Comité sera réalisé grâce à eux, grâce à vous, et chaque nation pourra trouver dans les œuvres de ses voisins des enseignements et des motifs d'émulation utiles à tous.

Messieurs, les principes sur lesquels on s'est basé pour lutter contre la tuberculose sont identiques dans tous les pays. Sur cette question, le corps médical du monde entier est en parfait accord.

La tuberculose est évitable, elle est curable.

Les moyens employés pour faire application de ces deux formules sont les mêmes dans tous les pays, mais les uns ou les autres ont pris le premier rang, suivant l'impulsion donnée par les savants des diverses nations, suivant les mœurs et les lois en vigueur.

Messieurs, permettez-moi de m'arrêter un instant sur ce dernier mot. Lorsqu'une loi intervient dans nos actes journaliers, lorsqu'elle trouble des habitudes invétérées et qu'elle doit être appliquée au sein du foyer domestique, elle ne peut être observée que lorsque l'opinion publique la réclame, lorsque les convictions de tous sont faites, que chacun connaît le danger de ses

habitudes vicieuses et est prêt à les réformer personnellement, et à exiger de son voisin qu'il agisse de même.

Il en est ainsi en Angleterre; M. d'Estournelles de Constant, chargé d'affaires de France à Londres, écrivait en 1892 :

"Les Anglais tâchent d'assainir le plus possible leur maison, et non seulement leur maison, mais leur rue, leur quartier, leur ville, le pays tout entier. Les propriétaires s'associent pour prévenir toute négligence dont puisse souffrir la communauté, négligence qui exposerait son auteur et ses voisins, d'abord aux dangers d'une maladie, ensuite à d'autres risques matériels; car le prix des loyers est en raison directe de la bonne réputation de la localité: telle ville, tel quartier, telle maison est-elle salubre? C'est la première question que pose tout futur acquéreur ou locataire.

"Les particuliers sont donc les promoteurs de toutes les mesures d'hygiène qui leur paraissent opportunes; ils en décident l'adoption et en surveillent l'exécution. L'État n'intervient pas sans nécessité absolue."

Cette méthode me semble la seule efficace, et la première règle est de faire l'opinion du peuple. Elle est indispensable pour réussir.

Comment faire cette *éducation antituberculeuse?*

En Angleterre, en mai 1899, vous avez fondé, sous la présidence de son Altesse le Prince de Galles, une association nationale pour éviter la phtisie et les autres formes de la tuberculose. (*The national association for the prevention of consumption and other forms of tuberculosis.*) Son but est d'obtenir la prévention par l'instruction populaire. Vous avez rédigé des plaquettes courtes, pratiques, qui peuvent servir de modèle: je citerai: *The crusade against consumption* (48 pages, prix 6 pence); *Milk and tuberculosis; Fresh air and ventilation; How to prevent consumption*, etc. On les répand à profusion.

A la tête de cette association, je trouve des noms que je salue avec respect: ceux de tous les membres qui ont provoqué la réunion de ce congrès.

L'Allemagne, après avoir constitué les sociétés formées pour la construction des sanatoriums, a fondé les sociétés pour la *propagation de l'idée*, pour la vulgarisation des notions de salubrité. Ce sont de petites sociétés disséminées dans les diverses localités, se groupant en sociétés provinciales. Elles aussi publient des brochures de vulgarisation:

En Belgique, une ligue nationale contre la tuberculose a son siège à Bruxelles. Chaque province a une section indépendante.

En Norwège, le Storthing a voté 40,000 couronnes pour l'impression et la distribution d'un écrit populaire du Dr Klaus Haussen sur la tuberculose, et 2000 couronnes pour créer une bourse de voyage accordée aux médecins qui désirent se perfectionner dans l'étude du fonctionnement des sanatoriums.

En France, la Société de préservation contre la tuberculose par l'éducation populaire a groupé, sous la direction du Dr Peyrot, ceux dont la parole a autorité sur la jeunesse française; je cite les noms de MM. Lavisse, Matignon, Victorien Sardou, Landouzy, etc.

Beaucoup d'entre nous sommes allés dans les différents départements, où

de toute part surgissent des œuvres anti-tuberculeuses, exposer les règles de la prophylaxie. J'ai profité de ce que j'ai l'honneur d'être président de l'Association polytechnique, pour instituer une instruction populaire à Paris. Cette année, quatre-vingt-huit conférences sur la tuberculose ont été faites aux douze mille élèves de cette association.

Ainsi dans tous les pays pénètre dans la masse du public cette notion que par des soins personnels, par la propreté, on peut éviter la contagion, et cette autre notion que je regarde comme aussi importante : qu'un tuberculeux n'est dangereux que si on ne prend pas autour de lui et s'il ne prend pas lui-même les précautions nécessaires pour mettre à l'abri du contage ses parents, ses amis, ses camarades d'atelier.

Il ne faut pas créer la *tuberculophobie*, faire du malade un *paria*. Bien avant nous, un tuberculeux a vécu de longs mois sans contaminer sa femme ou ses enfants.

Le danger, c'est le crachat, qui porte en lui des milliards de germes contagieux. Cracher sur le sol autour de soi est une coutume dégoûtante et dangereuse ; le jour où elle aura disparu la tuberculose décroîtra rapidement.

En Amérique, cette règle a été sanctionnée par une loi. Elle a été promulguée à la suite d'une campagne de presse. L'Américain est grand liseur de journaux et il a vite compris les conséquences de cette déplorable habitude. On cite même, comme exemple, le cas d'un millionnaire, M. Bradbury, qui, puni une première fois d'une amende, fut condamné a vingt-quatre heures de prison pour avoir récidivé.

A Sydney on frappe de 25 francs d'amende les personnes qui crachent dans la rue.

En Europe nous sommes moins sévères, mais non moins convaincus du danger.

Quel sera en effet le rôle de ce crachat dans la propagation ultérieure de la maladie ? Il sera bien différent suivant les cas.

Recueilli, capté dans un crachoir personnel ou commun mais aseptique, détruit par incinération ou par tout autre procédé, il ne menace personne.

Projeté dans un milieu sec et très bien éclairé, soumis aux rayons du soleil, il perdra bientôt ses propriétés dangereuses.

Mais s'il séjourne dans un milieu humide, mal éclairé, il conservera longtemps toute son activité.

Aussi, c'est dans les habitations sombres, peu aérées, mal éclairées, que les germes de la tuberculose font leurs plus nombreuses victimes.

Tous les peuples l'ont constaté, mais l'Angleterre a un double mérite, elle a compris la première l'importance du problème, elle l'a résolu d'une façon qui lui est absolument personnelle, et elle a réussi.

Voyant que le logement insalubre est un des agents les plus actifs de la propagation de la tuberculose, les législations des différents pays ont visé cette insalubrité, et ont fait des lois pour détruire les logements insalubres. Vous, dès 1836, vous avez dirigé vos actes législatifs pour *construire* des logements salubres.

En Angleterre, en 1836, la législation intervient pour favoriser les associa-

tions qui construisent des maisons pour ouvriers. Les *building societies* sont des caisses d'épargne qui procurent des maisons à leurs membres, et actuellement elles comptent plus d'un million d'adhérents dans le Royaume-Uni.

Les *Labouring classes' lodging houses Acts* (1851–1866–1867) forment un ensemble de lois qui stimulent les paroisses et les municipalités des villes de plus de 10,000 habitants à construire des maisons salubres.

Les *Acts for the removal of nuisances* (1852–1866–1874) accordent aux autorités locales le droit d'inspection des maisons ouvrières, et fixent les amendes pour contraventions aux lois et règlements.

Les *Artizans' dwellings Acts* (1868–1882), appelés également *Torrens's Acts*, "ont pour but primordial la réparation et la démolition des maisons insalubres; ils permettent aussi de supprimer les bâtiments *obstructeurs*, c'est-à-dire ceux qui enlèvent l'air et le jour à d'autres maisons, et empêchent la ventilation.

Les *Artizans' and labourers' dwellings improvement Acts* (1875–1882) obligent les municipalités à démolir les logements insalubres et à fournir un logement aux personnes qui, par suite de cette mesure, se trouveraient sans abri.

Cette action du gouvernement a suscité l'intervention de bienfaiteurs dont les noms doivent être conservés dans la mémoire de tous ceux qu'intéresse la santé publique.

En première ligne je citerai celui de *Peabody;* de 1862 à 1869, date de sa mort, ce généreux donateur consacra 500,000 livres à la construction de maisons qu'on loue aux travailleurs pauvres pour un prix minime, mais suffisant cependant pour que ces locataires ne se considèrent pas comme logés gratuitement.

Actuellement 18,000 ouvriers habitent ces maisons. La progression suivie jusqu'à ce jour permet de prévoir que cinquante ans après la fondation 120,000 ouvriers profiteront de cette création.

Citons également l'œuvre de *Miss Octavia Hill*, et *l'artizans', labourers' and general dwellings Company*, fondée par des ouvriers en 1867 et qui possède maintenant plus de 6000 maisons, etc.

En Allemagne l'initiative privée a donné sur ce point de moins bons résultats; le professeur Brentano de Strasbourg et M. Miquel, ministre des Finances de Prusse, pensent que l'État et la commune doivent intervenir pour améliorer l'habitation de l'ouvrier, parce que seuls ils sont assez puissants.

Cependant quelques sociétés de construction se sont fondées, notamment la *Berliner Baugenossenschaft.*

La Belgique est une des nations qui s'est mise à l'œuvre avec le plus de zèle pour assurer aux ouvriers des habitations salubres.

La loi de 1889 a créé dans chaque arrondissement administratif des Comités pour favoriser la construction et la location d'habitations ouvrières salubres.

Le Danemark est le pays dans lequel les sociétés de construction ont pris le plus grand développement. En 1600, Christian IV avait donné l'exemple en faisant construire des maisons avec jardins pour les employés de la maison.

Une association fondée par le Dr Ulrich possède actuellement vingt mille membres, neuf cents immeubles ayant une valeur de 10 millions de francs. Ces maisons forment le quartier le plus salubre de Copenhague.

Je n'ai pas à rappeler ici les efforts faits en France pour arriver au même résultat: la loi de 1850 sur les logements insalubres, les travaux de Du Mesnil sur le logement du pauvre à Paris, la loi du 30 novembre 1894 qui détermine les attributions de l'État et de l'initiative privée dans la construction des maisons ouvrières. L'un des délégués français, M. le prince d'Arenberg, donnera avec plus de compétence que moi toutes les indications précises sur ce sujet.

Tous les auteurs s'accordent pour constater que dans ces maisons salubres la mortalité est inférieure à celle de la ville dans laquelle elles sont construites. La maison salubre est donc anti-tuberculeuse.

Mais si les germes tuberculeux tombent dans une maison mal éclairée, humide, ils conservent longtemps toute leur virulence; que la maison soit à la ville où à la campagne, peu importe. Dans ces milieux la population est souvent très dense; il n'est pas rare à Paris de voir une chambre occupée par cinq, six, huit et parfois douze personnes. Les contacts entre elles sont incessants, les chances de contagion augmentent par ce fait même; à l'étroitesse du logis se surajoute la malpropreté des occupants, l'impossibilité, devrais-je dire, de maintenir une propreté suffisante.

Il se crée ainsi de petits foyers tuberculeux, qui du logis envahissent la maison tout entière; les ouvriers et les employés emportent dans leurs ateliers ou dans leurs bureaux les germes de la maladie et font bientôt de la ville un gros foyer tuberculeux.

Mais que l'on ne s'y trompe pas, une ville n'est pas insalubre toute entière, elle ne forme pas un bloc irréductible. J'ai démontré ailleurs que dans une même ville des quartiers contigus ont une mortalité tuberculeuse qui varie du simple au double, et que la mortalité tuberculeuse des quartiers de Paris varie de 10 à 100 p. 10,000 habitants. Enfin dans chaque quartier il y a les maisons tuberculisantes, ce sont elles qu'il faut rechercher, qu'il faut faire disparaître.

Surtout il ne faut pas en construire de nouvelles aussi insalubres que celles qui constituent un danger pour une cité, pour tout un pays. Dans la plupart des villes de tous les pays les projets de construction des maisons neuves doivent être soumis à l'approbation de l'autorité sanitaire locale. C'est une mesure essentielle, on ne saurait trop insister sur son observation.

Les méfaits du logement insalubre ne se bornent pas au danger de contagion sur lequel je viens d'insister. L'absence d'air, de lumière, agit sur la nutrition de ceux qui habitent ces logements, les enfants s'étiolent, dépérissent, les hommes les plus robustes ne résistent pas, ces logements font de tous les êtres humains qui les habitent la proie désignée à toutes les maladies infectieuses, et si nous ne considérons que la phtisie ils en font des prédisposés à la tuberculose, transforment l'homme le plus vigoureux et le mettent dans le même état que ceux qui sont nés de parents tuberculeux. Pour ces

derniers, l'hérédité n'est pas directe, on ne naît pas tuberculeux mais tuberculisable.

Les lois anglaises, allemandes, italiennes, françaises, etc., que je rappelai il y a un instant, sont donc légitimes, elles doivent être appliquées avec persévérance, surtout en ce moment où les mouvements économiques, semblables pour tous les peuples, tendent à concentrer dans les villes la plus grande partie de nos populations. En veillant à la salubrité de celles-ci on protège la santé de la patrie tout entière.

Ces logements sont encore responsables d'autres désastres. Dans ces demeures obscures, encombrées, la propreté est difficile sinon impossible à sauvegarder, leur séjour est désagréable, l'ouvrier n'y passe que le moins de temps possible, il y prend ses repas, il y dort, mais il donne le reste de son temps disponible au cabaret. C'est avec raison que J. Simon disait: "Le taudis est le pourvoyeur du cabaret," et nous pouvons ajouter: le cabaret est le pourvoyeur de la tuberculose.

L'*alcoolisme* est en effet le plus puissant facteur de la propagation de la tuberculose. L'homme le plus vigoureux devenu alcoolique est sans résistance devant elle. Je ne puis pas établir en ce moment la comparaison entre les législations en vigueur dans les différents pays, entre celles qui sont proposées, entre les œuvres privées, les associations, les sociétés de tempérance, le temps me fait absolument défaut. Mais je puis dire que dans le monde entier s'élève en ce moment un cri de désespoir en constatant les désastres causés par l'alcoolisme. Je veux citer seulement deux statistiques, elles sont éloquentes. Celle de Tatham montre que la mortalité moyenne étant représentée par 100, celle occasionnée par la tuberculose est pour les—

Garçons de cabaret	257
Marchands ambulants	239
Ouvriers des docks	176
Musiciens ambulants	174
Coiffeurs	149
Brasseurs	148
Ramoneurs	141
Cabaretiers	140
Cochers	124
Porteurs de charbon	116
Bouchers	105

Baudran (de Beauvais) a montré que les cartes de mortalité par tuberculose et celles de la consommation de l'alcool en France sont presque superposables.

Il est arrivé sur ce point aux résultats suivants:

Décès par tuberculose pour 10,000 habitants.	Consommation annuelle de litres d'alcool par habitant.
30 à 40	12,47
40 à 50	15,21
50 à 60	14,72
70 à 80	16,36
80 à 90	17,16
Plus de 90 décès	50,70

Toutes les mesures d'ordre gouvernemental ou d'ordre privé qui pourront être prises pour limiter les ravages de l'alcoolisme seront nos plus précieux auxiliaires dans la lutte contre la tuberculose, mais c'est une question trop vaste pour en faire l'étude en ce moment ; je tiens toutefois à signaler une erreur que dans les différents pays commettent trop facilement les hommes chargés de gérer les finances de l'État. Ils calculent volontiers la somme que l'État encaisse par l'impôt de l'alcool : il faudrait en déduire ce que coûte à la commune la famille de l'alcoolique ruinée, ses enfants dégénérés, infirmes, scrofuleux, épileptiques, voués à l'asile.

Cette invasion de l'alcoolisme doit donc apparaître aux yeux de tous comme un danger public, et il est nécessaire d'essayer d'inculquer aux masses cette vérité que dans le monde l'avenir appartient aux peuples sobres.

Les dangers qui entourent l'homme dans un logement insalubre sont les mêmes lorsque, pour son travail, ses fonctions, son plaisir, par maladie ou par contrainte, un homme vit tout ou partie de la journée dans un milieu où d'autres personnes se trouvent réunies ; les conditions des habitations surpeuplées et même insalubres se trouvent réalisées. Bien portant, ses compagnons sont un danger pour lui ; malade, il est dangereux pour eux.

Or les conditions de la vie moderne forcent l'homme à vivre dans ces milieux :

Enfant, il est pris par l'école ; adulte, par la caserne ; ouvrier, par l'atelier ; étudiant, par les cours, les bibliothèques, les laboratoires ; employé, fonctionnaire, par les bureaux et les locaux administratifs ;

S'il se déplace, il utilise les voitures, les compartiments des chemins de fer trop souvent souillés ;

A l'hôtel où il descend, des malades l'ont souvent précédé et à leur départ aucun moyen de préservation n'a été pris pour mettre le nouvel arrivant à l'abri d'une contagion possible ;

Indigent et malade, il entre à l'hôpital, où l'environnent toutes les menaces de contamination.

Ce péril de la vie en commun, inhérent aux progrès même de la civilisation, va sans cesse croissant ; il en est la rançon et explique l'augmentation de plus en plus menaçante de la tuberculose.

Placés en face de ceux qui sont prédisposés par leurs origines familiales, par l'insalubrité de leurs logements, on a dans certains pays admis que le devoir était de rechercher les moyens de relever ces organismes chancelants et de les mettre en état de résistance vis-à-vis des dangers qui les menacent. On a pensé avec raison que c'était sur l'enfant et l'adolescent que l'action serait plus efficace. Grâce au concours de quelques villes et de l'initiative privée, en Italie, en France et dans d'autres pays on a créé des *sanatoriums marins* pour enfants scrofuleux et chétifs. La France en possède quatorze, y reçoit plus de deux mille enfants par an ; les résultats obtenus sont excellents. Qu'il me soit permis de rappeler que c'est surtout à notre vénéré maître M. le Dr Bergeron, à son activité, à sa propagande qui ne s'est jamais lassée que nous devons ce succès.

Inspirés par la même pensée, plusieurs pays ont créé des colonies de vacances, organisé des séjours temporaires dans des localités placées au bord de la mer ou dans les montagnes.

Tout ce qui sera fait dans cette direction sauvera de la contagion les privilégiés qui grâce à la générosité des particuliers pourront profiter de ces séjours reconstituants.

En 1893 une dame, M^me^ Hervieu, inspirée par les mêmes sentiments pour les enfants et les adolescents et leurs parents, créa à Sédan l'œuvre des jardins ouvriers. Ceux-ci occupent plus de 2000 mètres carrés autour de la ville; 321 familles comprenant 1251 personnes les habitent. La société fournit les instruments, graines, engrais aux familles locataires.

En 1894, le P. Volpette, jésuite, créa l'œuvre des jardins ouvriers de Saint-Étienne. Elle met 18 hectares à la disposition de 410 familles comprenant 2460 personnes. Sur le terrain loué on élève des maisons ouvrières. Une dizaine a déjà été construite par les locataires.

Il y a des jardins ouvriers à Bercy; il s'en crée en ce moment à Fontainebleau, à Villeurbanne près de Lyon.

Avant d'aborder la question de la cure de la tuberculose, permettez-moi de dire quelques mots des mesures qui sont organisées contre la contagion tuberculeuse par les aliments.

Depuis que Chauveau a eu démontré que la pénétration des germes tuberculeux avec les aliments pouvait déterminer la tuberculisation par la voie intestinale, l'attention s'est portée sur les précautions à prendre pour empêcher la consommation des *viandes* et du *lait* provenant d'animaux tuberculeux.

Pour la viande, dans les grandes villes la sécurité est établie par la surveillance installée dans les abattoirs. En Belgique, une loi a organisé l'inspection même dans les campagnes, mais sauf dans ce royaume partout ailleurs, je crois, les tueries particulières échappent à toute surveillance et c'est là qu'on abat les vaches phtisiques, les porcs ladres, les animaux ayant une maladie quelconque pouvant entraîner le rejet à l'inspection. Ces viandes nuisibles entrent ensuite dans la consommation, soit comme viandes fraîches, soit sous forme de pâtés ou de saucissons, dont n'ont pas été exclus les viscères tuberculeux.

Un autre danger est le colportage des viandes en morceaux. Il existe surtout dans les grandes villes; les bouchers reçoivent chaque jour des quartiers de viande qui leur sont adressés par des bouchers de province. Ces viandes échappent à tout contrôle.

Sans exagérer le danger de la propagation de la tuberculose par la viande, on doit reconnaître qu'il existe. Il est facile par une loi de mettre les populations à l'abri de ce mode de contamination. La Belgique nous a donné l'exemple.

L'usage alimentaire du lait des vaches atteintes de mammite tuberculeuse est bien établi. Votre grand hygiéniste, Thorne-Thorne, signalant qu'en Angleterre la mortalité générale des adultes par la phtisie a diminué depuis 1850 de 45 p. 100, déplore de voir, depuis cette même date, la mortalité

infantile par tuberculose augmenter de 27 p. 100. Cette augmentation est d'après lui presque exclusivement due à la tuberculose abdominale, contractée par ingestion de lait contaminé, par les nourrissons de moins d'un an ; car en Angleterre il n'existe pas de surveillance des vacheries.

En France, la loi semble permettre cette surveillance, elle est confiée aux maires, mais pour mettre la loi à exécution, il faut que les maires connaissent les vaches atteintes de mammite tuberculeuse, et ils ne peuvent les connaître que si les propriétaires les leur signalent. Or les laitiers ne déclarent guère leurs vaches suspectes que quand leur lait est tari, c'est à dire alors qu'elles ne sont plus dangereuses pour le consommateur.

Il est bon d'ajouter que, dans les grandes exploitations, le lait de diverses provenances est mélangé et il suffit qu'une seule vache d'un des fournisseurs ait de la mammite tuberculeuse, pour que tout le lait ainsi mélangé devienne dangereux.

Il faut, pour remédier à ce mode de propagation, adopter de stricts moyens de surveillance, appliqués déjà depuis plusieurs années en Danemark, en Suède, en Norwège, au grand bénéfice de la santé publique.

En attendant la mise en pratique des mesures nécessaires, il faut faire connaître à la population que le moyen le plus simple d'éviter le danger créé par le lait consiste à le faire bouillir, en dépit du préjugé trop répandu, qui veut, à tort, que le lait bouilli soit moins nutritif et indigeste.

Lorsqu'un homme est atteint de tuberculose on doit faire tous ses efforts pour le guérir, car *il est curable*. Cette formule n'est pas une banalité.

La notion de la guérison possible de la tuberculose est bien ancienne, on la trouve déjà dans Hippocrate. "*Le phtisique, s'il est traité dès l'abord, guérit*," disait le père de la médecine.

Après vingt-cinq siècles nous reprenons cette formule, elle a même encore pour quelques-uns une apparence de paradoxe. Et cependant tous les anatomo-pathologistes en ont confirmé l'exactitude. En 1838, un de vos grands médecins, Carswell, écrivait : "L'anatomie pathologique n'a peut-être jamais donné de preuves plus décisives de la guérison d'une maladie que celles qu'il nous a données pour la phtisie pulmonaire."

Laënnec, Nat. Guillot, Letulle ont établi que dans plus de la moitié des autopsies on trouvait des lésions tuberculeuses anciennes, guéries.

"Ces chiffres, dit le Dr Ribard, par la similitude même de leurs résultats, sont d'une grande éloquence. Ils nous montrent très clairement que la moitié des hommes réputés bien portants et non tuberculeux, mourant de vieillesse ou de cause fortuite, ont, à un moment donné de leur vie, été touchés par la tuberculose, mais ont guéri.

"Il y a donc beaucoup d'atteints, et aussi beaucoup de guéris, puisque la moitié du genre humain a des tubercules, mais les supporte sans même se douter de leur présence. Telle est la signification vraiment réconfortante du résultat des autopsies."

Quant à moi qui, à la Morgue de Paris, pratique fréquemment les autopsies d'individus morts accidentellement, je puis affirmer que, dans la

moitié des cas, si l'individu autopsié habite Paris depuis une dizaine d'années, je trouve des lésions tuberculeuses guéries, soit par transformation crétacée, soit par cicatrisation fibreuse.

J'ajouterai que ces vieillards, ces personnes que les uns et les autres nous avons autopsiés dans les hospices, dans les hôpitaux et à la Morgue, n'ont certainement pris, pour se guérir, aucune des précautions que nous imposons à nos malades. Malgré des habitudes hygiéniques souvent déplorables, leur résistance personnelle a suffi.

Ces résultats anatomiques ont encore une autre signification. Ces lésions, dans l'immense majorité des cas, ne sont pas celles d'une phtisie au début, s'étant manifestée par de petits foyers disséminés, elles sont les cicatrices de vastes foyers, parfois de larges cavernes complètement cicatrisées. La phtisie est donc curable, elle l'est même dans ses périodes les plus avancées.

La curabilité possible, fréquente même, de la tuberculose n'est pas seulement affirmée par les anatomo-pathologistes, elle l'est par tous les médecins qui se sont spécialement occupés de phtisiologie. Grancher l'a résumée dans cette formule : " La tuberculose est la plus curable des maladies chroniques."

Puisque le tuberculeux est curable, il faut organiser les soins qu'on lui donne, de façon à tout faire pour le guérir.

La conviction de la curabilité doit tout d'abord s'imposer à l'esprit du médecin et se traduire par une profonde modification dans les mœurs médicales.

Autrefois, se croyant impuissant devant la tuberculose, le médecin n'avait pas, dès le début de la maladie, le courage d'informer le malade ou sa famille de la nature de l'affection. Il estimait que son devoir était d'entretenir les illusions de la famille et du malade, et la maladie évoluait jusqu'au moment où tout espoir devait être abandonné.

Aujourd'hui nous demandons au médecin, qui doit, nous l'espérons, être convaincu que la tuberculose est curable, de faire l'inverse. S'il est vrai qu'à toutes ses périodes la tuberculose peut guérir, il est certain que cette possibilité se réalise surtout quand on fait suivre au malade les médications nécessaires dans la période de prétuberculose, alors que les lésions sont minimes et que l'individu peut trouver, dans son organisme même, les ressources nécessaires à la lutte.

Le médecin doit donc prévenir le malade et sa famille qu'il a une affection grave, mais curable. S'il ne l'avertit pas à temps, c'est à dire dès le début, il s'expose à ce que le malade ou sa famille lui fasse plus tard le reproche d'avoir trahi sa confiance.

Mais cette transformation dans les habitudes médicales ne sera possible que si une organisation qui, nous l'espérons, sera bientôt un fait accompli, permet au médecin d'indiquer au malade, en même temps que la nature de son mal, les moyens que la science a mis à sa disposition pour le combattre.

Quels sont ces moyens? Comment les applique-t-on dans les différents pays?

Je ne m'occuperai dans cette revue que des tuberculeux ouvriers et des

employés, je laisse volontairement de côté les malades riches, ceux-ci trouveront d'ailleurs dans cet exposé indication des règles qu'ils devront observer.

Les moyens à préconiser varient suivant l'époque à laquelle est parvenue la maladie, ils varient aussi si le malade est célibataire, marié, père de famille.

On peut schématiquement distinguer trois périodes. Dans la première, l'ouvrier tousse, il a un rhume. Que fait-il actuellement? Ou il ne s'occupe pas de ce petit incident, ou il demande au pharmacien une potion, un remède contre cette toux. Les jours, les semaines, les mois s'écoulent et, suivant l'intempérie des saisons, la maladie s'aggrave ou a des rémissions suivies de retours offensifs. Puis la fièvre, le dépérissement surviennent, l'ouvrier ne peut plus continuer à travailler. Pour lui la maladie commence, pour nous il entre dans la deuxième période, celle dans laquelle les soins les mieux entendus resteront probablement inutiles.

C'est donc la première période qui nous intéresse surtout, celle dans laquelle notre intervention peut être efficace.

Quel est l'organisme par lequel nous pouvons être utile à cet homme dans la première période?

L'Allemagne a organisé, dans les grandes villes, des policliniques pour tuberculeux, dans lesquelles un personnel médical choisi, muni de l'outillage nécessaire, donne ses soins aux tuberculeux qui viennent le consulter, pendant tout le temps de la maladie, ou seulement pendant la période qui précède le moment où le malade veut entrer dans un sanatorium et où celui-ci peut lui ouvrir ses portes.

Un Comité de patronage, composé de personnes bienfaisantes, parmi lesquelles les dames sont en grand nombre, s'occupe du malade à domicile, donne des conseils à la femme, veille à la propreté du logis, indique les mesures prophylactiques nécessaires.

Dans la mesure du possible, la misère inséparable du chômage est écartée par l'appoint qu'apporte une caisse de secours de famille, alimentée comme celle des sanatoriums.

M. Calmette a été frappé par les mêmes considérations, mais, et c'est ce qui fait l'originalité de sa proposition, il demande qu'au lieu d'attendre que l'ouvrier vienne demander l'avis des médecins, on aille au-devant de lui, on l'invite à venir à un dispensaire analogue aux policliniques allemandes.

Voici en quels termes il exposait son projet en 1899 :

" Je pense qu'au lieu d'attendre que l'ouvrier tuberculeux aille consulter le médecin et soit acculé au chômage, on devrait ériger en principe la nécessité d'*aller à lui* et de lui prêter assistance, avant même qu'il puisse s'apercevoir qu'il est gravement atteint. Je voudrais qu'on pût *dépister* chez le malade la tuberculose tout au début de son évolution, et qu'on s'efforçât aussitôt de lui donner les conseils et les soins qui peuvent lui être utiles, en le conservant le plus souvent à sa famille et à son milieu."

M. Calmette a réalisé son projet; il a créé à Lille un dispensaire antituberculeux désigné sous le nom Émile Roux. Le succès a dépassé ses espérances.

Inspiré par les mêmes préoccupations, M. le Dr Bonnet a fondé à Paris,

dans un des quartiers de Montmartre, un dispensaire analogue ; d'autres sont en voie de formation à Paris, l'un d'eux à Vaugirard, avec le concours du Conseil municipal.

L'expérience nous a montré que les ouvriers ne craignent pas de venir à ces dispensaires : les uns s'y rendent parce qu'ils toussent, les autres parce qu'ils se savent déjà atteints.

Mais, pour dépister ces malades, il faut, je dirai presque que c'est le point capital, avoir un ou plusieurs agents-ouvriers, des contremaîtres-ouvriers, si cela est possible. Ce sont eux qui, les premiers, remarquent que leurs camarades toussent ; ils leur indiquent le chemin du dispensaire. Pénétrés des dangers qui naissent du mauvais entretien d'un atelier ou d'un chantier, ils surveillent les soins de propreté, trop négligés jusque-là ; ils font pratiquement l'éducation antituberculeuse autour d'eux.

Ceux qui vont au dispensaire reçoivent des médecins les soins nécessaires, apprennent le danger de la dissémination des crachats, de l'alcoolisme, etc. Ils y sont surveillés, on leur donne de jus de viande, un ou deux repas, suivant les ressources dont disposent les membres de la société. On vient au secours de leur famille ; on surveille, au point de vue hygiénique, le domicile du malade ; on écarte de lui, autant que possible, la misère qui le menace.

C'est parmi ces clients que l'on reconnaît ceux qui ne peuvent guérir que s'ils sont envoyés au *sanatorium*.

Si l'ouvrier ou l'employé est célibataire et si on peut lui donner à cette période l'entrée du sanatorium, les chances de guérison sont très nombreuses ; pour que l'ouvrier père de famille puisse bénéficier du même espoir, il faut que pendant la durée de sa cure sa famille soit à l'abri du besoin, que toute inquiétude sur le sort des siens soit absolument écartée de son esprit.

La *caisse de secours* pour la famille est l'organe le plus essentiel d'un sanatorium. Le sanatorium est indispensable dans bien des cas pour compléter l'œuvre du dispensaire.

Je n'ai pas à retracer les règles qui doivent présider à l'édification et au fonctionnement d'un sanatorium.

Rappelons-nous seulement qu'ils doivent être fermés, aseptiques, disciplinés et que la formule de Dettweiller est restée intacte : repos physique et moral, suralimentation, aération continue.

C'est en Allemagne que le système a été appliqué avec le plus d'ardeur ; la bienfaisance privée, les corporations, les industriels, les communes, l'État ont concouru avec une générosité admirable à leur création ; voyons les résultats obtenus.

L'Allemagne possède 83 sanatoriums populaires ouverts ou prêts à fonctionner. Elle y reçoit par an 12,000 tuberculeux. Ils ont été construits par les assurances régionales, par les caisses de maladies, par les industriels qui se sont unis pour fonder des sanatoriums pour leurs ouvriers, par les communes qui se sont concertées dans ce but ; c'est ce dernier système qui est le plus en progrès. Dans certains districts on a établi une taxe personnelle dès un pfennig.

L'État a fondé quelques sanatoriums pour ses employés : l'adminstration forestière, le ministère des chemins de fer, l'État de Hambourg.

La commission du budget du Reichstag a résolu de créer des sanatoriums d'État dépendant du ministère de l'Intérieur.

La durée du traitement est en moyenne de quatre-vingt-dix jours ; l'expérience a montré qu'il était utile aux malades de faire, pendant l'année qui suit la cure, un nouveau séjour de quatre semaines au sanatorium.

Dans ces conditions quelle est la durée des succès obtenus ? Parmi ceux (72 p. 100) qui quittent le sanatorium dans un état jugé favorable, on a constaté que les malades qui travaillaient encore en 1900 étaient pour ceux qui étaient sortis du sanatorium—

en 1896	...	...	...	...	...	...	...	46 p. 100
1897	...	...	...	...	...	...	...	47 —
1898	...	...	...	...	...	...	...	58 —
1899	...	...	...	...	...	...	...	60 —

La dépense moyenne d'entretien pour un tuberculeux pendant les trois mois de séjour s'élève à huit francs par jour y compris le secours de famille qui représente le tiers de cette somme.

Dans un compte-rendu très intéressant, M. le Dr Pannwitz relève les *desiderata* signalés par divers médecins. Ceux-ci regrettent qu'on n'ait presque rien fait pour les femmes et pour la classe moyenne. Les docteurs Schrœder et Naumann Reiners font remarquer à juste titre que dans la classe moyenne les symptômes initiaux sont plutôt constatés, qu'elle est plus prévoyante et qu'à la sortie ses membres peuvent en général ne pas se livrer au surmenage de travail qui dans la classe ouvrière compromet souvent le succès.

L'expérience a montré que comme l'avait dit Sersiron, tant vaut le médecin, tant vaut le sanatorium, aussi pour recruter le médecin des sanatoriums on va créer un enseignement spécial.

Le Dr Pannwitz insiste sur ce fait que les sanatoriums pour leur bon fonctionnement économique ne doivent être ni éloignés des villes ni placés sur des hauteurs ; il exprime le vœu que leur construction soit moins onéreuse ; actuellement elle correspond à 10,000 marks par lit, il estime qu'elle ne devrait pas dépasser 4000 marks.

L'expérience a montré enfin que le voisinage d'un sanatorium n'expose la localité dans laquelle il est placé à aucun danger. Ce qui est dangereux c'est le phtisique en liberté qui dissémine partout ses crachats, c'est la maison où on reçoit des phtisiques sans y organiser la discipline. La surveillance est indispensable.

Le Dr Pannwitz cite deux villages dans le Hartz qui ont été décimés par ces créations dangereuses ; Lopo de Carvalho fait la même remarque pour Guarda en Portugal.

Pour eux et pour moi toutes les maisons où l'on reçoit des tuberculeux doivent être soumises à la surveillance de l'autorité.

L'exemple de l'Allemagne fut suivi. L'Angleterre, l'Écosse, l'Australie, le Canada, élevèrent quelques sanatoriums encore peu nombreux,

En Autriche, Schrœtter réussit à faire construire le sanatorium d'Alland qui compte 300 lits. Le chevalier Von Kusy transforma en petits sanatoriums, des baraquements du type Ducke.

Aux États-Unis on sépara des quartiers d'hôpitaux pour en faire des hôpitaux de consomption. On créa une trentaine de petits sanatoriums, l'association de l'Alabama en construisit un pour les prisonniers, le département de la Marine en créa un pour la marine ; New-York possède actuellement six sanatoriums.

Grâce à la munificence du tzar, la Russie a édifié en 1897 l'établissement Halila ; depuis 1898, le sanatorium de Tactzi avec deux pavillons de 20 lits pour les hommes et de 20 lits pour les femmes. A Salta, la princesse Barjatinska a fondé un établissement pour les élèves du gymnase, etc.

Le roi de Suède a consacré à la construction de trois sanatoriums les 2,300,000 couronnes offertes en souscription à l'occasion de son jubilé, le Parlement a voté 800,000 couronnes dans le même but et l'État a donné les terrains nécessaires à l'édification de ces trois sanatoriums.

Le Danemark possède déjà deux sanatoriums, le Parlement s'occupe d'un projet de construction de sanatoriums populaires.

L'Italie, les Pays-Bas, la Norwège ont obéi à la même impulsion.

En France, plusieurs sanatoriums sont ouverts : celui de Hauteville, près de Lyon, celui d'Angicourt pour Paris. Dès 1876, nous avions créé l'asile de Villepinte, puis celui d'Ormesson pour les adolescents tuberculeux. Citons encore les colonies agricoles du Cannet, l'asile Jean Dollfus à Cannes, le sanatorium girondin, celui de Cimiez, près Nice, celui d'Argelez et enfin ceux qui viennent d'ouvrir ou qui vont ouvrir : Lille, Nancy, Orléans, Versailles, Amiens, Le Havre, Marseille, à Paris le sanatorium de Bligny, Rouen, etc.

Tous les peuples ont donc obéi à la même généreuse impulsion, on peut entrevoir le moment où le malheureux tuberculeux, abandonné depuis des siècles à son triste sort, trouvera, s'il n'est encore que dans les deux premières périodes de son mal, par les dispensaires et les sanatoriums, les moyens d'espérer toujours et de réaliser souvent sa guérison.

Si le malade a franchi ces deux premières périodes, s'il vient frapper à la porte de l'hôpital, on ne doit pas oublier qu'il peut encore guérir, à condition qu'on lui impose la conviction qu'il en est ainsi. Il faut le recevoir dans des salles isolées, humainement disposées, pour qu'il ne soit pas découragé par le spectacle de l'agonie de ses camarades.

Les règles de cet isolement ont été formulées par Grancher et Thoinot, pour le tuberculeux, pour le personnel qui l'a soigné, vous les avez realisées dans les hôpitaux de consomption. A Brompton, en vingt ans, on a soigné 15,000 tuberculeux. Personne, parmi les médecins, les directeurs ou les surveillants, n'a été infecté. Cette affirmation est répétée par le Dr Williams, médecin de l'hôpital, par Mœller et par Masbrenier.

Messieurs, lorsque le Comité m'a demandé de présenter un tableau, que malheureusement je n'ai pas su rendre plus court, des œuvres qui dans les

différents pays ont été créées pour lutter contre la tuberculose, il m'a prié également de considérer la question au point de vue international.

Je ne crois pas que l'on puisse prendre dans cet ordre d'idées des mesures semblables à celles que l'on a instituées pour empêcher l'invasion d'un pays par la peste, le choléra ou la fièvre jaune. Je ne sais pas comment un médecin pourrait affirmer que le voyageur qui se présente à la frontière ou dans un port n'est pas tuberculeux.

Mais l'entente entre les nations pourrait se faire sur un autre terrain. Il serait désirable que toutes les mesures de désinfection soient prises dans les wagons de chemins de fer, dans les paquebots, dans les hôtelleries, pour que le voyageur ne se trouve pas en présence des germes de contagion. C'est là un intérêt véritablement international.

Le ministre des Travaux publics de France vient d'adresser aux compagnies de chemins de fer une circulaire visant les précautions à prendre pour faire disparaître ou au moins diminuer les chances de la contagion tuberculeuse.

Dans divers pays, aux États-Unis en particulier, les hôtelliers qui reçoivent un tuberculeux sont tenus d'en faire la déclaration à la municipalité. La désinfection de la chambre est obligatoire avant qu'un autre voyageur y pénètre.

Le ministre de l'Intérieur de l'empire allemand a édicté des mesures plus sévères encore.

Tout médecin ayant à traiter un malade atteint de tuberculose pulmonaire ou laryngée doit en aviser par écrit la police, dès que le diagnostic a été porté.

Aussitôt après la mort d'un tuberculeux, la chambre où a eu lieu le décès et les effets du malade doivent être soumis à la désinfection.

Les tenanciers des hôtels, maisons meublées, asiles et autres établissements publics, sont tenus de signaler immédiatement tout cas de maladie tuberculeuse survenu dans les établissements qu'ils dirigent.

Déclaration, désinfection, assainissement des hôtels et des wagons et paquebots, telles sont les questions d'ordre international qui pourraient être utilement débattues par les représentants des diverses nations.

Monsieur le Président, Messieurs,—

Si je cherche à caractériser l'enseignement qui ressort de l'ensemble de ces efforts faits dans tous les pays pour lutter contre la tuberculose, je puis dire que l'expérience nous montre que nous devons par la parole, par les journaux, par des brochures, faire pénétrer dans l'esprit de tous qu'on peut éviter et comment on peut éviter la contamination tuberculeuse, que de plus on peut la guérir.

Si la conviction de nos concitoyens est faite sur ces deux points l'initiative privée se sentira orientée, les œuvres antituberculeuses déjà si nombreuses se multiplieront, se coordonneront; les communes, les provinces, l'État ne pourront pas résister au mouvement qui entraînera le peuple tout entier, et nous pourrons espérer que réunies dans un même effort toutes les nations

civilisées réussiront à éteindre la peste la plus cruelle qui ait jamais frappé autour de nous nos enfants, nos amis, celle qui compromet l'avenir de nos patries.

Messieurs, il y a dix ans je disais au Congrès d'hygiène de Londres:

"Quand, à l'aurore d'un siècle, on peut inscrire le nom de Jenner, et à son déclin celui de Pasteur, l'humanité tout entière peut se réjouir; il a été fait pour elle, contre la misère, la maladie et la mort plus que dans aucun des siècles précédents."

Honneur au XIX^e^ siècle, mais celui qui vient de naître est dès sa première année le témoin du plus grand effort qui ait été tenté en faveur de la médecine publique; qu'aucun obstacle ne nous arrête, et puisse celui qui résumera dans cent ans l'œuvre du XX^e^ siècle constater que la conviction qui nous anime n'est pas restée stérile, que le succès a répondu à l'espoir des nations que vous, messieurs les membres du Comité, vous avez conviées à se réunir à vous pour atteindre le but le plus élevé, le plus noble qui ait jamais fait battre le cœur dans une poitrine humaine.

[*Translation.*]

Mr. President, Ladies and Gentlemen,—Mortality from tuberculosis varies according to the country. In some cases it is accountable for a sixth, a fifth, and sometimes a fourth of the total mortality. Havoc such as this makes it compulsory that all nations and governments should strictly inquire into, and adopt, measures to arrest the propagation of a disease which in these days is the greatest enemy of the human race.

The wonder is that the voice of alarm has been so long in making itself heard, and that for centuries our ancestors have looked impassively on the disasters going on around them. There were several reasons for this apparent indifference. The struggle was considered useless; the disease incurable; it was not known how it spread. Exaggerating the import of some observations, it was agreed that phthisis is hereditary. They were lulled to sleep by this formula, which served as a pillow for idleness and exempted them from investigating the origin of the mischief. Popular observations were looked on as old wives' tales, *e.g.*, Morgagni's, who, in the seventeenth century, stated that in Italy it was customary to burn the bedding of persons who had died from phthisis, and who declared that he was frightened to make a post-mortem on cases of phthisis.

But when, on December 5th, 1865, Villemin showed experiments at the Academy of Medicine which proved the real presence of the contagion, when our illustrious colleague, Professor Robert Koch, had discovered and demonstrated to the medical world the agent of this contagion, everyone felt that a new way was opened to humanity, and every nation wished to profit for the public good by the recent scientific discoveries.

Before the scientists I have just mentioned had actually made known their discoveries, you English people, gentlemen, had already begun the struggle.

Convinced by observation that tuberculosis thrived in dark and damp dwellings, in 1836—nearly seventy years ago—you passed a law providing for the construction of healthy houses. And since that date your zeal has not abated. You have, with admirable perseverance, passed more than ten Acts of Parliament, you have rendered salubrious the dwellings of the poor, the workshop, the town, and the whole kingdom. This effort has been described by the name of the Queen who presided over its direction—the Victorian Era. No greater homage could be paid to Her Gracious Majesty, and in the name of all my countrymen I unite with my English colleagues in adopting this characteristic name for the crusade that was undertaken, and for the success obtained. You have diminished mortality in England from tuberculosis by 40 per cent. Yours is the honour. It will be ours to follow in your steps.

I was asked by the Committee to make the subject of my address the measures adopted by different nations for the prevention of consumption. This I agreed to do, but I must at the same time make a confession. I depended too much on my wish to please my excellent colleagues, whose request seemed so feasible; but, unfortunately, precise information is difficult to collect, and the time at my disposal for its verification was very short, so that there will, I fear, be lacunæ, probably even errors. I shall be pleased in either case to have my attention drawn to them, and I entreat my colleagues to do so; if they comply, thanks to them and to you, the wish expressed by the Committee will be carried out, and every nation may, by hearing what its neighbours have done, gain instruction and be inspired by motives of emulation beneficial to all.

Gentlemen, the grounds for the prevention of tuberculosis are identical in every country. On this question the entire medical profession of the world is united.

Tuberculosis is avoidable and curable.

The methods used to bring this about are the same in all countries, but according to the impetus given to the movement by the scientists in the different nations, and according to the customs and laws in force, some nations have taken the first rank.

Allow me, gentlemen, to dwell a moment on legislation. It is only possible to bring a law into force that interferes with our daily life, that disturbs inveterate habits, and that has to be carried out in the bosom of the domestic hearth, when it is called for by public opinion: when all are convinced of its benefits, and everyone recognises the danger of his vicious habits, and is ready personally to reform them and to require his neighbour to do the same.

This is the state of things in England. M. d'Estournelles de Constant, Chargé d'Affaires for France in London, wrote in 1892 as follows:—"English people leave no stone unturned to render not only their houses healthy, but their streets, districts, town, and whole country. Owners of property unite in preventing negligence detrimental to the community, which would in the first place expose its author and his neighbours to risk of illness, and then

to other material risks; for the rents are in direct proportion to the good reputation of the locality. Is the sanitation of such a town, neighbourhood, or house good? is the first question asked by an intending purchaser, householder, or lodger.

"Private individuals, therefore, are the promoters of sanitary measures which they consider appropriate; they decide on their adoption and see that they are carried out. The State never interferes except in case of absolute necessity."

This system seems to me the only efficacious one, and the first thing which is indispensable is to educate public opinion.

How is this *anti-tubercular education* of public opinion to be carried out?

You founded in England, in 1899, under the presidency of His Royal Highness the Prince of Wales, a National Association for the Prevention of Consumption and other forms of Tuberculosis. Its object is to carry out prevention by educating the masses. You drew up short, practical pamphlets. As a model I may quote "The Crusade against Consumption" (48 pages, price 6*d.*), "Milk and Tuberculosis," "Fresh Air and Ventilation," "How to prevent Consumption," etc., and distributed them freely.

At the head of this Association I find names that I recognise with respect, those of the gentlemen who inaugurated this Congress.

Germany founded societies for the construction of sanatoria, and then societies for the propagation of the idea, to popularise sanitary ideas. These societies are small and scattered in different localities, forming provincial groups. They too publish popular pamphlets.

In Belgium there is a national league against tuberculosis, with its seat in Brussels. Each province has an independent branch.

In Norway the Störthing voted forty thousand crowns for the purpose of printing and distributing a popular work on tuberculosis, by Dr. Klaus Haussen, and two thousand crowns to form a travelling fund for doctors wishing to gain information about the management of sanatoria.

In France the society for the prevention of tuberculosis by popular education, under the direction of Dr. Peyrot, has collected together those who can teach with authority. I refer to such men as Lavisse, Matignon, Victorien Sardou, Landouzy, etc.

Many of us have addressed meetings explaining rules of prophylaxis in the provinces, where, on every hand, anti-tuberculous movements are springing up. I made use of my position as President of the Polytechnic Association to institute popular education in Paris. This year eighty-eight lectures on tuberculosis have been given to twelve thousand pupils of this association.

Thus gradually in all countries the public are beginning to realise that personal care and cleanliness are necessary to obviate contagion, and are also realising that other idea—to my mind equally important—that a consumptive patient is only dangerous if the necessary precautions are not taken around him, and if he himself does not take them to protect his relatives, friends and fellow-workmen from contagion.

Tuberculophobia must not be produced, the patient must not be made a

pariah. Long before our time a consumptive person has lived for many months without contaminating wife and children.

The danger is in the sputum, which contains thousands of contagious germs. To expectorate on the ground is a disgusting and dangerous habit. Once this habit has quite disappeared, tuberculosis will decrease rapidly.

In America this habit is against the law, and there has been a press campaign against it. The American is a great newspaper reader, and he quickly realised the consequences of this deplorable habit. As an example may be quoted the case of a millionaire—Mr. Bradbury—who, punished for the first offence by a fine, on repeating it was sentenced to twenty-four hours' imprisonment.

At Sydney, a fine of £1 is imposed on persons for spitting in the streets.

In Europe, though we are not so strict, we are none the less convinced of this danger.

What *rôle*, as a matter of fact, does this sputum play in the subsequent propagation of the disease? It varies in different cases.

Collected and shut up in a private, or common but antiseptic, spittoon, destroyed by incineration or some other measure, it is dangerous to no one.

Thrown into dry and well-lighted surroundings, exposed to the rays of the sun, it will soon lose its dangerous properties.

But if it remains in damp and dark surroundings, it will maintain its activity for a long time.

Thus it is that tuberculosis claims more victims from gloomy, ill-ventilated, dark dwellings.

All nations have recognised this, but England has the double merit of recognising the primary importance of this problem and of having solved it successfully in a manner peculiarly her own.

Recognising that insalubrious dwellings are one of the most potent agents in the propagation of tuberculosis, the legislatures of the different countries have kept this cause of insalubrity well in view, and have made laws ordering the destruction of unhealthy dwellings. You, since 1836, have directed your legislation towards the construction of healthy abodes.

In England, in 1836, legislation intervened in favour of associations for building workmen's dwellings. Building societies are savings banks to procure houses for their members, and have actually more than a million members belonging to them in the United Kingdom.

The Labouring Classes' Lodging-Houses Acts (1851–1866–1867) are a collection of laws urging parishes and corporations of more than 10,000 inhabitants to construct sanitary houses.

The Acts for the Removal of Nuisances (1852–1866–1874) give the local authorities the right to inspect working-houses, and fix fines for contravention of laws and regulations.

The Artisans' Dwellings Acts (1868 to 1882), also called *Torrens' Acts*, have as their primary object the reparation and demolition of insalubrious houses; they also suppress obstructive buildings, such as take away light and air from other houses and prevent ventilation.

The Artisans' and Labourers' Dwellings Improvement Acts (1875 to 1882) oblige municipalities to pull down unhealthy dwellings and to find a lodging for those persons who, in consequence of this, are rendered homeless.

This action on the part of the Government has led to the intervention of benefactors, whose memory should be kept green in the minds of those interested in public health.

First, I will mention *Peabody*. From 1862 to his death in 1869, this generous man gave £500,000 for building houses, to be let to poor workmen at a very low rate, but enough was to be charged to make the man feel independent of charity.

As a result, 18,000 workmen are housed in these dwellings. Judging by the advance made to date, it may be prophesied that fifty years after their foundation 120,000 workmen will be benefited by these dwellings.

I must also mention Miss Octavia Hill's work and the Artisans', Labourers' and General Dwellings Company, founded by workmen in 1867, and who now have more than 6,000 houses, etc.

In Germany private initiative has not been so successful. Prof. Brentano, of Strasbourg, and Mr. Miquel, Minister of Finance for Prussia, think that State and parochial intervention is required to ameliorate the condition of workmen's dwellings, because none but they are powerful enough.

Nevertheless, some building societies have been founded, notably the "Berliner Baugenossenschaft."

Belgium has been one of the most enthusiastic nations in taking up the movement in favour of healthy dwellings.

The law passed in 1889 formed committees in each administrative district to build and let healthy houses to workmen.

In Denmark, building societies have flourished best of all. In 1600 Christian IV. set the example by erecting houses with gardens for the employés of his house.

Dr. Ulrich founded an association which has as many as 20,000 members, and 900 real estates worth ten million francs. These houses compose the healthiest part of Copenhagen.

It is not my business now to speak of what has been done in France—the law of 1850 dealing with unhealthy dwellings, Du Meshil's work on lodging the poor in Paris, the law passed November 30th, 1894, which defines the powers of the State and of private initiative in the construction of workmen's dwellings. One of the French delegates, the Prince d'Arenberg, will give precise information about this much more ably than I can.

All authors agree that mortality is lower in these healthy houses than in the town in which they are built. The healthy house therefore is anti-tubercular.

But if tubercular germs fall in an ill-lighted, damp house, they maintain their activity for a long time, whether the house is in town or country. In these surroundings population is often very dense. It is no uncommon thing to see one room in Paris occupied by five, six, eight, and sometimes twelve persons. They are continually coming in contact with one another; chances of

contagion are increased by this fact alone, and in addition to the limited space has to be added the dirtiness of the occupants, or, as I should say, the impossibility of keeping sufficiently clean.

Thus small tuberculous foci are created which invade the whole house; the workmen and employés carry the germs of disease into their workshops and offices, and soon make a large tuberculous focus of the town.

But I do not wish to mislead. A town is not *in toto* unhealthy, and does not form an irreducible block. I have shown elsewhere that, in the same town, quarters adjoining one another have mortality from tuberculosis which varies to the extent of as much again, and that mortality from tuberculosis in districts in Paris varies from 10 to 100 per 10,000 inhabitants. However, in every quarter there are hot-beds of tuberculosis. These are what we have to find and demolish.

Above all else, new ones equally unhealthy must not be constructed, for they are a danger to city and country. In most of the towns in all countries building plans of new houses have to be submitted for approval to the local sanitary authorities. It is a necessary precaution which cannot be too strictly enforced.

The evils of an unhealthy dwelling are not confined to the risk of contagion just referred to. The want of air and light acts on the nutrition of the inmates, children go off, pine away, the strongest men cannot withstand it, every human being living in these places is the destined prey of infectious diseases; and if we only consider phthisis they become predisposing causes of consumption, transforming the strongest man and putting him on a par with the condition of those born of tuberculous parents. In the latter heredity is not direct—one is not born tuberculous, but predisposed to tuberculosis.

The English, German, Italian, French, and other laws that I referred to a moment ago are therefore lawful, and should be enacted perseveringly, especially at a moment when there is a tendency in all countries to concentrate in the towns the greater part of our populations. By looking after the salubrity of the towns the health of the whole land is protected.

Unhealthy dwellings cause other disasters. Dark and crowded as they are, cleanliness is difficult, if not impossible to preserve; they are not pleasant to pass the time in, and the workman stays in his home as little as possible; he eats there and sleeps there, but the rest of his time is spent in the public-house. J. Simon was right in saying: "The wretched lodging is the purveyor of the public-house," and we can add to it that the public-house is the purveyor of tuberculosis.

In fact, alcoholism is the most potent factor in propagating tuberculosis. The strongest man, who has once taken to drink, is powerless against it. Time is too short for me now to draw comparisons between the laws in force in different countries, those which are proposed, private efforts, associated efforts, and temperance societies. But I can say that a universal cry of despair rises from the whole universe at the sight of the disasters caused by alcoholism. I will quote but two sets of statistics, but they speak for

themselves. Tatham's show that, the mean mortality being represented by 100, that caused by tuberculosis is in—

Barmen	257	Sweeps	141
Pedlars	239	Publicans	140
Dock Labourers ...	176	Coachmen	124
Strolling Musicians ...	174	Coalmen	116
Hair Dressers ...	149	Butchers	105
Brewers	148		

Baudran, of Beauvais, has shown that mortality from tuberculosis and from alcoholism are nearly identical.

In this connection he obtained the following results:—

Deaths from Tuberculosis in 10,000 inhabitants.	Annual consumption of litres of alcohol per head.
30 to 40	12·47
40 ,, 50	15·21
50 ,, 60	14·72
70 ,, 80	16·36
80 ,, 90	17·16
More than 90	50·70

Any measures, State or individual, tending to limit the ravages of alcoholism will be our most precious auxiliaries in the crusade against tuberculosis, but the question is too large a one to deal with here. Still, I should like to draw attention to a mistake made too easily in the different countries by ministers who have the charge of the financial department of the State. They like to calculate the sum the State gets from the duty on alcohol, but they should deduct from it the cost to the community of the family of the ruined drunkard, his degenerate, infirm, scrofulous and epileptic children, who must have shelter.

This invasion of alcoholism ought to be regarded by everyone as a public danger, and this principle, the truth of which is incontestable, should be inculcated into the masses, that the future of the world will be in the hands of the temperate.

The dangers surrounding a man in an unhealthy home are the same when for his work, his duties, his pleasure, through illness or under constraint, a man lives all or part of the day in a centre where other people are assembled, where unhealthy conditions and overcrowding exist. If he is well, his companions are dangerous to him; if he is ill, he is dangerous to them.

Now the conditions of modern life compel a man to live in such centres. As a child there is the school; as an adult, the barracks; a workman, the workshop; a student, the lecture-hall, the libraries, laboratories; the employé or official, the bureau and the offices.

If he moves about he uses vehicles, railway carriages, too often contaminated.

At the hotel where he stops he has frequently been preceded by a sick person, and no precautions have been taken to protect the new arrival from possible contagion.

If he is poor and ill he goes into a hospital, where he is surrounded by contamination on every hand.

This peril from common life, inseparable from advance in civilisation, is continually growing: it is the ransom, and accounts for the threatening increase in tuberculosis.

Brought face to face with those predisposed by their family history, by the unhealthiness of their dwellings, it has been recognised as a duty in some countries to make an attempt to restore these tottering frames, and to render them capable of battling with the dangers that threaten them. It was adjudged with reason that childhood and youth would be the easiest period of life to influence. Thanks to the help of some towns and of private initiative in Italy and France and in other countries, sanatoria by the seaside have been established for weakly and scrofulous children. There are fourteen in France, which accommodate more than 2,000 children a year, and with excellent results. May I be allowed to recall the fact that we owe this success chiefly to the unfailing activity and propaganda undertaken by our revered master, Dr. Bergeron.

Inspired by the same idea, some countries have started holiday colonies and temporary visits to places by the sea or in the mountains.

Everything done in this direction will help to rescue from contagion those who, thanks to the generosity of private individuals, can profit by these health-restoring visits.

In 1893, with the same object in view, Mme. Hervieu started at Sedan working gardens for children, young people and their parents. These gardens occupy more than 2,000 square metres around the town, and accommodate 321 families, composed of 1,251 persons. The society supplies tools, seeds and manure to each family.

In 1894 the Jesuit Father Volpette started the working gardens at St. Etienne. They cover about forty-two acres and accommodate 410 families, composed of 2,460 persons. On the ground let working houses are built. About ten have already been built by the lodgers. There are working gardens at Bercy, and some are now being made at Fontainebleau and at Villeurbanne, near Lyons.

Before touching on the question of the cure of tuberculosis I should like to say a few words about measures adopted to prevent tuberculous contagion by food.

Since Chauveau showed that it was possible for tuberculous germs in food to produce tubercles in the intestinal tract, attention has been turned to precautions for preventing the consumption of *meat* and *milk* from tuberculous animals.

As far as meat is concerned, surveillance of the slaughter-houses in large towns achieves this. In Belgium this measure is also made to apply to the country; but I do not know of any other kingdom where private slaughter-houses are inspected, and in them it is that phthisical cows, measly pigs, and diseased animals of any kind are slaughtered and are able to escape inspection. This injurious food is consumed either as fresh meat or in the form of pâtés or sausages from which the tuberculous viscera have not been removed.

Another danger is the hawking of meat in pieces. It is rife especially in the large towns. Butchers receive daily quarters of meat despatched by provincial butchers. This meat escapes inspection.

With no wish to exaggerate the danger of the propagation of tuberculosis by meat, it cannot be overlooked. It is easy, by means of legislation, to protect the population from this method of contamination. Belgium has set us the example.

That the milk of cows with tuberculous inflammation of breast is used is very clear. Your great hygienist, Sir R. Thorne-Thorne, while pointing out that in England mortality in general of adults from phthisis has diminished since 1850 from forty-five per hundred, regrets to see that from the same date infantile mortality from tuberculosis increased by twenty-seven per hundred. According to him, this increase is entirely due to tuberculosis in the abdomen, caused by ingestion of contaminated milk in infants under a year old; for in England cow-houses are not inspected.

In France, to all appearance, the law allows this surveillance. It is entrusted to mayors, but to put the law into execution the mayors must know the cows suffering from tuberculous mammitis, and they can only know this if the owner reports it. Now, the dairies only report their cows when their milk is dry, when, in fact, they are no longer dangerous to the consumers.

It is well to add that in large concerns the milk from different sources is mixed, and one cow only need be the victim of tuberculous mammitis in order to contaminate all the milk with which its milk is mixed.

To prevent this method of propagation, strict inspection measures should be adopted, such as have been in use for several years in Denmark, Sweden, and Norway, to the great advantage of public health.

Until such necessary measures are actually adopted, there only remains the simple mode of avoiding risk from milk by boiling it, and this should be widely made known, in spite of a too wide-spread prejudice which wrongly holds that boiled milk is less nutritious and indigestible.

If a man is the victim of tuberculosis, everything possible should be done to cure him, for *he can be cured*. There is no doubt of this.

The idea that tuberculosis can be cured dates back to Hippocrates: "Phthisis, if treated early enough, gets well," said the Father of Medicine.

After twenty-five centuries we are supporting the same theory, which to some may appear paradoxical. Still, all anatomo-pathologists have confirmed its truth. In 1838, Carswell, one of your distinguished physicians, wrote, "Pathological anatomy has never, perhaps, given a more decided proof of the cure of a disease than it gives in cases of pulmonary phthisis."

Laennec, Nat. Guillot, Letulle proved that in more than half the post-mortems made old healed tuberculous lesions were to be found.

"These figures," says Dr. Ribard, "from the similarity even of their results, are striking. They show very clearly that half the men said to be well and non-tuberculous, dying of old age or fortuitous cause, have at a certain time in their life been attacked by tuberculosis, but have recovered.

"Many are therefore affected, and many recover, if half the human race has tubercles and goes on living without discovering them. This result obtained about post-mortems is really very comforting."

As for my personal experience at the Morgue in Paris, where I frequently make post-mortems on accidental deaths, I can state that in half the cases, if the person on whom the post-mortem is made has lived in Paris for about ten years, I find healed tuberculous lesions, either in the form of cretaceous transformation or fibrous cicatrisation.

I may add that it is quite certain that such cases of old people, and those on whom autopsies are held in almshouses, hospitals, and the Morgue, have certainly taken none of the precautions we consider necessary. In spite of often deplorably dirty habits, the system has been strong enough to resist the ravages of the disease.

These anatomical results have also another meaning. These lesions, in the majority of cases, are not phthisis in an early stage manifested by small disseminated foci; they are cicatrices of large foci, sometimes of wide, completely cicatrised cavities. Phthisis therefore is curable, even in its most advanced stages.

This is not only maintained by anatomo-pathologists, but by all medical men who have made a special study of the disease. Grancher sums the matter up thus: "Tuberculosis is the most easily cured of chronic diseases."

As a tuberculous patient *can* be cured, everything possible must be done to bring this about by careful organisation.

The doctor, being himself firmly convinced that his patient can be cured, will make the necessary modifications in his way of looking at the disease.

Formerly, when a doctor thought that he could do nothing for a patient suffering from tuberculosis, he had not the courage to tell the patient or his friends the nature of the disease. He considered it his duty to keep up appearances until the time came when the case was hopeless.

Now we require a doctor, who is convinced, we trust, that tuberculosis can be cured, to behave in just the opposite way. If it is true that in every stage tuberculosis can be cured, it is certain to be true if the patient has been made to take the necessary precautions in the pre-tuberculous stage, when lesions are very small and when there is sufficient power of resistance in the patient's system.

The doctor should tell the patient and his family that he has a serious disease, but that it is curable. If he does not tell him at once, he renders himself liable to be reproached by the patient or his friends for having deceived them.

This change of demeanour in the medical man will only be possible when a society is formed, which I hope will not be long, enabling the doctor, at the same time that he tells him the nature of his complaint, to tell his patient the best scientific methods of treatment for him to use.

What *are* the best methods? How are they carried out in the different countries?

In this address I am only dealing with the disease as it affects working

men and employés. I am leaving out of the question well-to-do patients, though these may gain some idea from it of the rules to be observed.

The remedies to be recommended vary according to the stage to which the disease has got, and also if the patient is single, married, or father of a family.

Three distinct periods may be defined. In the earliest the patient coughs and has a cold. What does he generally do? Either he takes no notice of it, or he asks the chemist for a mixture for his cough. Days, weeks, and months go by, and if the weather is inclement he gets worse; if it is mild, he has periods of being better, followed by more serious attacks. Then fever and wasting set in, and he has to give up his work. He thinks illness has just begun. We know that he is entering the second stage, when even skilled treatment is probably useless.

The first stage of the disease, therefore, interests us most, when intervention is of use.

In what way can we be of use to a patient in the first stage?

In Germany there are polyclinics for tuberculosis in the large towns, where a doctor, provided with the things necessary, attends to the patients who come to consult him, either throughout their illness, or till the patient can be admitted into a sanatorium.

A committee, composed of benevolent men and women in large numbers, looks after the patient at home, tells his wife what to do, sees that his home is kept clean, and looks after necessary prophylactic measures.

As far as possible, the misery consequent on the bread-winner being out of work is relieved from a bank, kept up like the sanatoria banks to assist such cases.

Mons. Calmette conceived the same idea, but he went farther, and advised that, instead of waiting for the workman to come for advice, they should go and meet him by inviting him to come to a dispensary run on the same lines as the German polyclinics.

This is his own description of his project that he gave in 1899:—

"Instead of waiting till the patient with tuberculosis comes to consult a doctor, and is driven to give up his work, I think that it would be better to establish the principle of going to him and offering him help before he finds out even that he is dangerously ill. I should like to be able to hunt out tuberculosis as soon as ever it has begun, and to be able then and there to give the sufferer advice and the care necessary, while generally keeping him in his own family circle."

Mons. Calmette has carried out his proposal; he opened an anti-tubercular dispensary at Lille, called Emile Roux, and it has been eminently successful.

Dr. Bonnet has founded a similar institution in Paris, in the Montmartre quarter; and others are about to be established, one at Vaugirard, with municipal aid.

Experience shows that workmen do not shun these dispensaries; some come because they have a cough, others because they know themselves attacked.

As far as I can see, the best way to ferret out disease would be to have

one or more agent-workmen, foremen-workmen, if it were possible. They are the ones to notice when their comrades cough; they could advise them to go to the dispensary. Alive to the dangers of a badly-kept workshop or yard, they superintend its being kept clean and in order; they actually carry out anti-tuberculous education.

Those who visit the dispensary receive the necessary attention from the doctors, and are told the danger of dissemination by sputum, alcoholism, etc. They are looked after, they get meat gravy—one or two meals, as far as funds will allow. Their families are helped and their home is kept an eye on from the hygienic point of view; as far as possible, the misery by which the poor man is threatened is kept away from him.

Among these patients some are found who must be sent to a sanatorium.

If the patient is an unmarried man, and if he can be sent to a sanatorium, his chances of recovery are very great; but for a married man to go means that his wife and family must be provided for during his absence and his mind relieved of all anxiety on their account.

Relief banks for assisting the families of the inmates are most necessary to sanatoria. And in many cases sanatoria are essential to complete the work begun at the dispensary.

It is not my business to deal with the question of building and management of a sanatorium.

We need only remember that they should be closed, aseptic, disciplined, and worked on Dettweiler's principle: physical and moral rest, stuffing, and open-air treatment.

In Germany this system has been carried out most enthusiastically through the assistance of private benevolence, municipal, industrial, and parochial aid; the State has generously supported the effort, recognising its value.

In Germany there are eighty-three public sanatoria open or ready to open. They accommodate twelve thousand patients a year. They have been built by local insurance, by sickness banks, by the manufacturers, who have combined to found sanatoria for their workpeople, by parishes which have united for the purpose. There are most of the latter. In some parts, a tax of from a penny a head has been exacted.

The State has founded several sanatoria for its servants: the forests department, railway department, and the State of Hamburg.

The Commission of the Budget of the Reichstag decided to build State sanatoria under the control of the Ministry of the Interior.

The treatment lasts at least 90 days, and experience has shown that it was good for the patients to spend another month, in the year following recovery, at the sanatorium.

Under these circumstances, how long do the patients keep better? Of those who leave the sanatorium in what is considered a satisfactory condition, it has been shown that 46 per cent. in 1896, 47 per cent. in 1897, 58 per cent. in 1898, 60 per cent. in 1899, were able to work in 1900.

The cost per head per patient for the three months' stay amounts to eight

francs per diem, including the cost of assistance given to the patient's family, which is a third of the amount.

In a very interesting report Dr. Pannwitz points out *desiderata* thought out by various medical men. Regret is expressed that nothing has been done for women and the middle class.

Drs. Schroeder and Naumann Reiners justly point out that in patients of the middle class initial symptoms are more readily recognised, that they are more provident, and not so inclined to get overworked when they leave the sanatorium as the working class do, and thereby compromise their recovery.

Experience has shown, as Persiron says, the doctor is worth so much, the sanatorium is worth so much; and to provide doctors for sanatoria a special course of instruction will be established.

Dr. Pannwitz is very emphatic that if a sanatorium is to be well and economically managed it should be neither far from a town nor placed on a height; he expresses the wish that their erection were less costly, for it amounts to 10,000 marks per bed, and he thinks it should not exceed 4,000 marks.

Experience has, however, shown that a sanatorium is not a source of danger to a neighbourhood. What *is* dangerous is phthisis at large, which disseminates sputum everywhere - the house where patients are received without being controlled. Surveillance is quite indispensable.

Dr. Pannwitz mentions two villages in the Hartz Mountains which were decimated by these dangerous places. Lopo de Carvalho says the same about Guarda, in Portugal.

For the safety of all concerned, every house where tuberculous patients are taken ought to be open to State inspection.

Germany's example has been followed. England, Scotland, Australia, Canada have erected some few sanatoria.

In Austria, Schrötter had the Sanatorium d'Alland built, with 300 beds. Chevalier von Kusy turned into small sanatoria some huts of the Ducke type.

In the United States they set apart portions of hospitals to make consumptive wards of them. They made about thirty such small sanatoria. The Association of Alabama built one for prisoners, the Naval Department one for sailors. New York has actually six sanatoria.

By the munificence of the Czar, the Établissement Halila, in Russia, was built in 1897; and, since 1898, that of Tactzi, with two pavilions accommodating twenty beds for men and twenty beds for women. At Salta Princess Barjatinska has founded an establishment for schoolboys.

The King of Sweden gave the sum collected at his jubilee (2,300,000 crowns) to build three sanatoria; Parliament voted 800,000 crowns for the same object; and the State gave the ground required for these three sanatoria.

Denmark has already two sanatoria, and there is a scheme before Parliament for the erection of public sanatoria.

Italy and the Netherlands and Norway have followed suit.

In France several sanatoria have been opened: Hauteville, near Lyons; Angicourt, for Paris. Since 1876 we built the Home of Villepinte, and then that of Ormesson, for young tuberculous patients; and we may mention, in addition, the agricultural colonies of Cannet, the Jean Dollfus Home at Cannes, the Sanatorium of Gironde, that of Cimiez, near Nice, Argelez, and finally those which have recently been opened or will be: Lille, Nancy, Orléans, Versailles, Amiens, Le Havre, Marseille, and in Paris the Bligny and Rouen sanatoria, etc.

All nations have obeyed the same generous impulses, and the time will come when, instead of the poor tuberculous patient being given up to his sad lot, he will find, if he is only in the first stages of the disease, that by means of dispensaries and sanatoria there is always hope and often realisation of his recovery.

If the patient is beyond the first two stages when he asks for admission to the hospital, it must not be overlooked that he may still be cured, provided he can be made to see things as they are. He must be isolated, in order that he may not be discouraged by the spectacle of his comrades' sufferings.

Rules of isolation have been drawn up by Grancher and Thoinot for the patient, for his nurses; you have them in use in your own consumption hospitals. At Brompton, in twenty years, 15,000 consumptives have been cared for. No doctor or officer or nurse has been infected. This statement is supported by Dr. Williams, physician of the hospital, by Moeller, and by Masbrenier.

Gentlemen, when I was asked by the Committee to tell you in my address, which I am sorry I could not make shorter, what steps had been taken by the different nations to carry out the crusade against consumption, I was also asked to consider the question from the international point of view.

I do not think that it is possible to deal with consumption in this respect as plague, cholera, and yellow fever have been dealt with in order to prevent their being brought into a country. I do not know how any doctor can state positively that a traveller at the frontier or the port is not consumptive.

But it would be possible to take international steps in another way. Railway carriages might be disinfected, as well as steamboats and hotels, and the traveller no longer exposed to germs of contagion. That would be of truly international import.

The Minister of Public Works in France has recently sent a circular to railway companies calling their attention to the precautions necessary to obviate or diminish risk from tubercular contagion.

In several countries, particularly in the United States, hotel-keepers who receive a consumptive client have to notify it to the municipal authorities, and compulsory disinfection of the room has to be gone through.

The Minister of the Interior in Germany has brought in even more stringent measures.

Every doctor who attends a case of pulmonary or laryngeal tuberculosis is bound to report it in writing to the police as soon as he has made his diagnosis.

After death from tuberculosis the room in which the patient has died has to be disinfected as well as his belongings.

Hotel proprietors, "furnished house" keepers, asylums and other public institutions are compelled to notify at once every case of tuberculous disease which arises in their establishments.

Notification, disinfection, salubrity of hotels, carriages and steamboats are questions of an international character which might be advantageously dealt with by representatives of the different nations.

The lesson to be drawn from the efforts that have been made by all nations to carry out a crusade against tuberculosis is that in conversation, in the public prints, and in specially prepared pamphlets, we should make it universally known that tubercular contamination can be avoided, and that in addition the disease can be cured.

Once convince our fellow-citizens on these two points, and private initiative will be left behind; anti-tubercular efforts, numerous now, will multiply and co-ordinate; parishes, provinces, and the State will not be able to stand aloof from a common effort, and we may reasonably prophesy that, united in one brave attempt, the whole civilised world will succeed in exterminating the cruellest scourge that has ever fallen on us, our children and our friends, and which threatens the future of our countries.

Gentlemen, ten years ago, at the Congress of Hygiene in London, I spoke as follows:—

"The whole of humanity may rejoice, when, at the beginning of a century the name of Jenner can be inscribed, and at its close Pasteur's; against misery, sickness, and death more has been done than in any preceding century."

All honour to the nineteenth century, but the century just begun in its first year sees the greatest effort that has ever been made in favour of public medicine. May no obstacle stand in our way, and may those who succeed us, at the end of the twentieth century, be able to bear witness that our conviction has not been fruitless, and that the results have answered the expectations of the nations that you, gentlemen of the Organising Committee, have brought together with the highest and noblest motive that has ever animated the human race.

The CHAIRMAN, at the conclusion of Professor Brouardel's address, said: Ladies and Gentlemen,—All of us, I am sure, have heard with pleasure the able and interesting address which has just been delivered to us by M. Brouardel. I think myself it is a happy augury that this century upon which we have just embarked, in the eloquent words in which he referred to it, should be marked by this great effort of this great Congress in the interests of the welfare of mankind. I think it can scarcely fail to be a matter of the deepest satisfaction to us all that the greatest authorities on this question, who have already addressed the members of this Congress, are entirely agreed as to the main causes of the evil which this Congress has assembled here at the present to learn better how to fight, and as to the chief and the principal

remedies which it may be desirable to attempt. Both of them point to the many present unhealthy dwellings of the poor as one of the chief sources of the evil. That, gentlemen, is a question which I am sure comes home to every one of us in London, and not only in London, but in other parts of the United Kingdom where the same cause of evil prevails. It is a subject, I confess, which I have greatly at heart myself, and into which it has been my privilege from time to time carefully to inquire. (Cheers.) I learned with the greatest satisfaction that under the Act of Parliament which was passed only last year, and which did not meet, if I remember right, with much commendation at the time, that one of the largest provisions for this purpose that has ever yet been undertaken by any public body with the intention of providing more healthy dwellings for the poor has already been undertaken, and that progress is being made in that respect already. In other directions also, by private enterprise, such as that which has been so successfully carried out by Lord Rowton in the provision of houses—(cheers)—and with the knowledge also of the keen and zealous interest which has for many years been taken, and is being taken at this moment also, by his Majesty the King in this subject—(cheers)—we have every reason to hope and to expect that we may anticipate a greatly improved position of affairs in regard to this question in the no distant future. Again, gentlemen, M. Brouardel points out the great danger of the sputum of the human race, containing, as he says it does, thousands of contagious germs, which have to be guarded against, and which must be guarded against, if this great evil is to be overcome. And his neighbour on the right, the other great authority to whom I took the liberty of referring both on the question of the housing of the poor and also on the question to which I referred just now, is in entire and complete accord with him, for he described it as one of the most deadly sources of danger at the present time from this malady. Both of them are also agreed upon one of the great curative proposals which are suggested for combating this evil. Both of them attach enormous importance to the provision of sanatoria. Something has been done in this direction already, both in this country and in other countries of the world, and I think we may justly and properly look forward to the time when more accommodation will be provided, and when we shall have greater numbers of sanatoria for this purpose in all the countries that require them. It was reassuring to hear in what fell from M. Brouardel at this moment that one of the difficulties that many people might have thought would have stood in the way of that provision is not a difficulty we have to contend with, because I understood him to say it was not necessary that these sanatoria should be erected upon very great heights or in mountainous districts of the country. (Cheers.) The same distinguished authority has also given us his views on certain international precautions which might be taken. He points to the necessity of the disinfection of railway carriages conveying passengers from one country to another, of hotels, and various matters of that kind. With those few words, gentlemen, I think I might have closed my observations to you this afternoon, but it so happens that during the course of my career it has

been my duty, as the head of two great Departments in the State—the Board of Agriculture and the Local Government Board—both of which are deeply interested in this question, the one for the animals, the other for the human race—it has been my duty to give some attention to this subject, and I should like very briefly indeed, with your permission, to say one or two words upon another aspect of the question. (Cheers.) It seems to me that the able statements which were made to the members of this Congress yesterday, by one of those two great authorities to whom I have referred, will remain perhaps the most remarkable and possibly, therefore, the most unexpected incident of this Congress, for hitherto the opposite of his views has been the accepted doctrine. Since 1890 two Royal Commissions have examined in this country into all the bearings of this question, and one of those Royal Commissions it was my duty to appoint myself. Now, the first of these Commissions laid it down that this disease was not only transmissible between the animals, but from man to the animals as well; and in the absence of direct experiment on human beings, they also drew the inference—for I have had the curiosity to refer this morning to the report—that it was transmissible from food animals to man as well; in fact, that as regards the bovine animal and man the disease was transmissible all round. That has been the commonly accepted and, as far as I know, undisputed and undoubted doctrine down till the present time. Now, however, as all the world of course at present knows, in some quarters it is maintained that human tuberculosis is not transmissible to cattle; and on that point the doctrine seems to me, as far as I have been able to judge from the published accounts of these proceedings, to be not altogether without support. If that be so, then one-half of the hitherto accepted doctrine would appear to be still in a position of some doubt. Upon the other half, namely, that bovine tuberculosis is transmissible to man through the flesh and through the milk of cattle —indeed, upon the whole of the subject—I should say it would appear to be deserving of more consideration even than it has received at present. (Cheers.) But in the presence of such great authorities as are assembled in this country at the present time, it would be the height of presumption on my part to express any positive opinion upon the subject. In any case, I venture to say that the moral we should draw is this. All of us who are interested in this subject ought to be most careful before taking measures which might be injurious and hurtful to other interests in our zeal for the extinction of tuberculosis. I may, perhaps, ladies and gentlemen, be permitted to say this, that if the doubts which have been raised upon this subject are right, they would perhaps to some extent supply the answer to a question which I often put in days gone by to one of my colleagues on the Local Government Board, namely, my deeply lamented friend, the late Sir Richard Thorne-Thorne—(cheers)—than whom no Minister in the world ever had a more able, a more enthusiastic, or more charming coadjutor. "How is it, my dear Thorne," I used to say to him, "that if all these dreadful things that we are told about the transmission of tuberculous disease by the flesh and by the milk of cattle are true, any of us are left alive?"

(Laughter.) An enormous number of the cattle of this country—and that is a subject upon which I am able to speak with some assurance, and especially of the best and highest breeds—are notoriously affected with tuberculosis. (Hear, hear.) Why are we not all of us dead long ago? (Laughter.) Perhaps a further examination of this question in the light which has been recently thrown upon it by the statement I have referred to, might throw some more light even still upon this question.

But, gentlemen, be that as it may, this is essentially a subject for the discussion and the deep consideration of the great Congress which is met and which is assembled in London at this moment for the purpose. That consideration I am certain they will give it, and I think we can have little doubt that in the conclusion they ultimately arrive at they will be right. I will say to you this afternoon no more than this: Those members of the Congress who have come to England from abroad have already received the hearty and unanimous welcome of this country—(cheers)—and most sincerely also I am sure every one of us will hope they may prosper greatly in the great effort they are making for the welfare of mankind, and that the day may not be distant when the sittings of this Congress in London will become memorable for the good work they have done.

Now, gentlemen, let me conclude these few words to you by the performance of a most simple duty, that of asking you to pass a unanimous vote of thanks to M. Brouardel for the address to which we have listened with such great satisfaction this afternoon. (Cheers.)

Professor Dr. GERHARDT, rising also to support this vote, said, in German: Honoured Assembly,—I, also, should like, with the permission of your honoured President, and I might indeed say in answer to a sign from him, to offer a few words of thanks, I believe on the part of all here, to the honoured speaker.

Our honoured investigator, and to-day I can well say our teacher, has in the most splendid manner from his own experience taught us and enlightened us about what this Congress above all should learn and should bring to general knowledge, the causes of the disease. He has pictured to us the cause of the disease so far as springs from man and animals, and has especially thought out the most important favouring conditions which aggravate and which co-operate with it, namely, the dwelling, the air which we breathe, our mode of life, and the abuse of alcohol; he has depicted to us the danger of these favouring causes, and warned us from them, and explained how they are to be avoided, how they are to be combated. He has then further pictured, and, I may say, justly apportioned, the zeal of the individual nations who have taken part in the noble struggle of the world in the fight against tuberculosis, and certainly in his speech he has with justice given the palm to England. (Applause.) Great Britain enjoys the smallest death-rate by reason of the strict habits of life of its inhabitants, which we admire, and by its legislation, which has been described to us. Great Britain has in the course of years effected a number of improvements in dwellings and general

sanitation, which, as we have heard, have reduced the death-rate from tuberculosis forty per cent. He has then reminded us, and certainly with justice, that the infectivity of tuberculosis, so long doubted by the learned and never believed by the people, exists, and was, moreover, first demonstrated by the experiments of his renowned countryman, Pasteur, so that no one can ever doubt it henceforth. (Cheers.) He has besides all this considered, again with great exactness, what is now happening in France, and he has also done justice to Germany. He has acknowledged how in the quiet work of our laboratories the causes of the illness were first brought to light. He has touched upon the sanatorium movement which is now going forward in such a powerful way in our country, as well as in many others, for which mention we are very grateful. He gave us then, first, an abstract of what the disease causes, and then of what has to be done, and impressed most strongly upon us that every nation must follow the other, must fight together in a brotherly way against this dangerous internal enemy.

That which he has told us will certainly help to ensure the success of this Congress, and in this respect, also, we can again offer him our thanks, although it has already been done in the eloquent words of the gentleman sitting before me. What he has said will certainly help this third Congress, held on such favourable shores, in a country with such well-developed sanitary arrangements and hygienic habits of life, to raise these still higher, and it will bring good to the whole world if we lay what he has said to heart and spread it abroad. (Loud applause.)

The vote of thanks to Professor Brouardel was then carried by repeated acclamation, after which the meeting closed.

FOURTH GENERAL MEETING.

The FOURTH GENERAL MEETING was held in the QUEEN'S HALL at 3 P.M. on Thursday, JULY 25th, EARL SPENCER, K.G., occupying the CHAIR.

The CHAIRMAN, rising to open the meeting, said: I hope you will excuse me making some personal allusion to myself at the opening of this important meeting, but I wish to say that I am obliged, before very long, to go to another place, where I have some important business and some motions to make—I mean to the House of Lords. I hope, therefore, you will allow me to make but a very few remarks at the opening rather than at the close of the discussion. I feel it, I can assure you, a very great honour at having been asked to preside at one of the general meetings of this great Congress, for I attach enormous importance to what the Congress has in view and the great work which it proposes to carry out. I have had a good deal to do in my life with certain phases of disease, not with human disease, but rather with that of animals; and I therefore, probably on that account, was selected to preside here to-day, when my friend Professor McFadyean, who holds such a distinguished place in veterinary science in England—(cheers)—is about to deliver an address on a very important subject—milk and tuberculosis. Now I must venture very shortly, and in a very few words, to refer to this subject. We laymen, of course, cannot pretend to give an opinion on the scientific aspect of this great question, but we have, I think, an important part to play towards men of science who bring forward their proposal to exterminate this disease, or, at all events, to find a cure for it; and they must, in my opinion, if they are to be successful, have the support of a popular vote in this country. (Cheers.) We politicians and we agriculturists have a good deal to say to that, and I am quite sure that we shall all do our utmost to support the views and the recommendations which this Congress may make at the instance of the very distinguished men of science who have been discussing various points with regard to consumption at this Congress. Now, a right honourable friend of mine was here yesterday—I do not know whether he was in this room or in another place—Mr. Chaplin, who has held two high offices in this country connected with diseases, one as President of the Local Government Board, where the health of all of us has to be looked after, and also as President of the Board of Agriculture, where the health and sanitary condition of animals has to be looked after. To a great extent I sympathise with what he has said on this subject. He referred to a very important and most interesting paper, interesting not only to men of science, but to anybody who takes any interest in this great subject. This subject was made clear on Tuesday last by that very eminent man, Professor Koch. He propounded his views at great length

and with great ability to the Congress, and those views are somewhat different from the views which we have hitherto learned in this country. If those views prevail—those views with regard to the transmission of tuberculosis from human beings to animals and from animals to human beings—those views, if they prove to be correct, must be of enormous importance in this country. They will relieve the agricultural world of an enormous responsibility, but, when I say that, I wish to warn all those, having been educated in rather a contrary doctrine, to do their utmost to promote what they believe would be one of the preventives of the spread of this disease in this country, viz., to encourage the protection of those who drink milk. Now that I have always believed, and I still do believe, to be of the utmost importance—(cheers)—and I should be very sorry if any words that have fallen from this distinguished man should stop and arrest the progress we have been making lately in trying to persuade farmers and dairymen to keep their byres and their sheds in a clean and proper condition, and also, moreover, to prevent their using, as I am afraid in the past they have—probably or, at least, I hope from ignorance—cows which have this terrible disease of tuberculosis. I hope we shall press this Congress forward for further investigation in this matter. (Hear, hear.) The distinguished professor, in what he said, did not lay it down as a perfect certainty that tuberculosis of animals could not be communicated to human beings. I took down his words. He said that he felt justified in maintaining that human tuberculosis differed from bovine and could not be transmitted to cattle. That is what he proved; but with regard to the rest he said that though he did not believe bovine tuberculosis could be communicated to human beings, he left that in considerable uncertainty. It seemed to him very desirable that these experiments should be repeated elsewhere, in order that all doubt as to the correctness of his assertion might be removed. I support that, and I trust that further investigation will be made. I hope this Congress and all those interested in this great subject may be assured that the agricultural world—and perhaps I ought to add the political world—will support all those measures which are calculated to prevent the spreading of this dire scourge to the human race, and will neglect no precaution to carry this out. (Hear, hear.) I sincerely trust that the words he used, which no doubt will remove, as I said before, some feeling of responsibility in the agricultural world, will not prevent those precautions which have been fast gaining ground in the country, because, whatever may be said on this subject, I cannot help thinking that milk from diseased cows, whatever the disease may be, whether it is the same as consumption or not, must be injurious to the health of the whole population, not only the adults, but chiefly the children of this country. (Applause.) I shall not say any more. I shall only introduce my friend Professor McFadyean, and I would add that some very distinguished speakers will follow him. There will be Professor Nocard, Professor Bang, Professor Hamilton, Dr. Ravenal, Professor Crookshank, and Professor Sims Woodhead. I am quite sure that their remarks will be listened to with the very greatest respect, and I can only conclude by most heartily and sincerely wishing success to this Congress which is now assembled in London. (Loud applause.)

Professor JOHN MCFADYEAN then read the following paper:—"Tubercle Bacilli in Cows' Milk as a Possible Source of Tuberculous Disease in Man."

As recently as a few days ago, when I was mentally arranging the material for the paper which I have now the great honour of submitting to this Congress, I was under the impression that it would not be necessary to formally prove that the term tuberculosis as it is now employed by medical men and veterinary surgeons relates to one and the same disease. I thought that I might ask my audience to accept it as proved and generally admitted that tuberculosis in man is caused by a single definite species of organism, the tubercle bacillus; that this organism is also the cause of the disease to which veterinary surgeons apply the term tuberculosis in the case of cattle and other domesticated species, and that there therefore existed a *primâ facie* case against the germs formed in the bodies of tuberculous animals as a possible source of tuberculous disease in human beings.

To-day, however, the position of anyone who undertakes to discuss the inter-communicability of human and bovine tuberculosis is very different from what it would have been a week ago, for in the interval the greatest living authority on tuberculosis—the world-renowned discoverer of the tubercle bacillus, and the man to whom we are mainly indebted for our knowledge of the cause of tuberculosis—has declared his conviction that human and bovine tuberculosis are practically two distinct diseases. I do not know how far the reasons assigned by Dr. Koch for the opinion which he now holds on this question may have commended themselves to the members of this Congress, and I am overwhelmed at finding myself in a position which compels me to offer some criticism on the pronouncement of one the latchet of whose shoes I am not worthy to unloose.

That bovine and human tuberculosis are identical diseases was generally supposed to have been finally determined by Dr. Koch himself, when he discovered that the human and the bovine lesions contained bacilli that were identical in morphological, tinctorial, and cultural characters, and showed that the artificial cultures from both sources produced indistinguishable effects when they were employed to infect a variety of animals. The labours of hundreds of workers during the succeeding eighteen years produced nothing in serious conflict with the conclusion that human and bovine tuberculosis were identical diseases, but they brought to light what appeared to be additional evidence of this identity, such as the discovery that tuberculin produced a specific reaction in tuberculous cattle, whether human or bovine bacilli had been employed in its preparation. In short, the identity of the bacilli from the two sources appeared to be as firmly established as any other generally accepted opinion regarding the identity or non-identity of bacteria associated with disease in more than one species of animal. Since it thus appeared to be proved that the only difference between human and bovine tubercle bacilli lay in their accidentally different position—one being parasitic in man and the other in cattle—it was natural to conclude that, when circumstances were favourable for the transference of bacilli from one species to the other, human tuberculosis might have an animal origin, and *vice versâ*.

Opinions varied as to the frequency with which this transmission of tuberculosis from one species to the other occurred, but practically never within the last eighteen years regarding the possibility and probability of such reciprocal infection. What are the grounds upon which we are asked to discard convictions that appeared to rest on such a solid basis? I shall endeavour to state them briefly, as I understand Dr. Koch's train of reasoning.

(1) The bacilli found in cases of bovine tuberculosis are much more virulent for cattle and other domestic quadrupeds than the bacilli found in cases of human tuberculosis.

(2) This difference is so marked and so constant that it may be relied upon as a means of distinguishing the bacilli of bovine tuberculosis from those of the human disease, even assuming that the former may occasionally be found as a cause of disease in man.

(3) If bovine bacilli are capable of causing disease in man, there are abundant opportunities for the transference of the bacilli from the one species to the other, and cases of primary intestinal tuberculosis from the consumption of tuberculous milk ought to be of common occurrence. But post-mortem examination of human beings proves that cases of primary intestinal tuberculosis are extremely rare in man, and therefore it must be concluded that the human subject is immune against infection with the bovine bacilli, or is so slightly susceptible that it is not necessary to take any steps to counteract the risk of infection in this way.

Now, with the utmost diffidence, I venture to submit that at least one of the premises contained in this argument is not well founded, that the others have little or no bearing on the question, and that there still remain reasonable grounds for regarding tuberculous cows' milk as distinctly dangerous to human beings.

It cannot be denied that what may be called bovine tubercle bacilli are as a rule distinctly more virulent for cattle and other domesticated animals than human bacilli, or that the results of experiments indicate that in natural circumstances there is little danger of cattle becoming infected from human beings. But it cannot be admitted that the low virulence of human bacilli for cattle proves, or even makes it probable, that bovine bacilli have only a feeble pathogenic power for man. That might have been held to be probable if it had been shown that bovine bacilli were very virulent only for cattle, but since it is well established that these bacilli are highly dangerous for such diverse species as the rabbit, horse, dog, pig, and sheep, and, in short, for almost every quadruped on which they have been tried, it appears to be highly probable that they are also dangerous to man. At any rate it is impossible to cite any ascertained fact relating to other bacterial diseases that makes the contrary conclusion probable. It is well known that the majority of disease-exciting bacteria are harmful to only one or two species, but all those that are common to all the domesticated animals are also pathogenic to man

With regard to the view that the difference between human and bovine bacilli in respect of virulence for cattle is of such a fixed and constant character that it may be relied upon to distinguish the one from the other, it need only be said that that is very far from proved. It appears to be quite possible that what may be called the normal or average virulence of bovine bacilli for cattle may be reduced by passage through the human subject. Besides, there are very great differences in the virulence of tubercle bacilli found in animals of the same species, and if a low degree of virulence for cattle is to be taken as the distinguishing feature of human bacilli, there will be no difficulty in proving that the human disease is sometimes transmitted to the lower animals.

The third proposition in Dr. Koch's argument is the only one which is really germane to the point at issue, viz., that only cases of primary intestinal tuberculosis can possibly have had their origin in infected milk or meat, and that "such cases are extremely rare." Dr. Koch refers to several large series of post-mortem observations that appear to justify this statement, and adds that he could have cited many more pointing to the same conclusion. Now, if it were a fact that all the statistics relating to this point were unanimous, it would have to be admitted that primary intestinal tuberculosis is rare in the human subject, and that cases of infection through milk are still rarer, though even then it might be advisable to take measures to prevent the few cases. But the statistics are not by any means unanimous, and those that are likely to appeal with most force to the people in this country are not at all in accord with those quoted from Germany. During the last few years the evidence obtainable from the post-mortem records of two of the largest hospitals for children in this country have been analysed with great care, in order to see what evidence they afforded as to the relative frequency of the different methods of infection in tuberculosis. In the case of the Hospital for Sick Children in Great Ormond Street, this has been done by Dr. George Still, and in the case of the Royal Hospital for Sick Children in Edinburgh by Dr. Shennan. The conclusion at which Dr. Still arrived was that in 29·1 per cent. of the cases of tuberculosis in children primary infection appeared to have taken place through the intestine. That is very far from being an insignificant proportion, and it is a striking fact that Dr. Shennan arrived at an almost identical conclusion, and estimated that 28·1 per cent. of the cases of tuberculosis among children in Edinburgh are due to alimentary infection. There does not appear to be any ground for supposing that there is a large margin of error in these statistics, as the number of cases dealt with was considerable (547 in the two series), and in both series the post-mortem appearances were interpreted in a way to which no exception can be taken. In face of these statistics it is not possible to assent to the statement that cases of primary tuberculosis of the alimentary canal are extremely rare. Precisely the contrary conclusion is the one that must in the meanwhile be drawn with regard to the state of affairs in this country, viz., that, at least in children, primary infection by way of the alimentary canal is comparatively common.

I therefore submit that there is still a strong *primâ facie* case against

animal tuberculosis as a possible source of human tuberculosis, and it becomes necessary to consider whether there are any data from which one may estimate the extent of the danger to which human beings are exposed through the occurrence of tubercle bacilli in milk.

The evidence in favour of the view that the ingestion of tuberculous milk is one of the causes of human tuberculosis includes a number of recorded cases in which the relationship of cause and effect appeared to be obvious. From the nature of the circumstances, evidence of this kind is very scanty, and it must be admitted that very few of the alleged examples are absolutely convincing. Tuberculosis is a disease that develops slowly, and, assuming for the moment that tubercle bacilli do occur in milk, and are a cause of disease in persons consuming such milk, it is obvious that, as a rule, the very act by which the infection is brought about destroys the only direct evidence of cause and effect that exists.

One could only expect to be able to trace the disease to the milk when, after the onset of symptoms pointing to infection by way of the mouth, the cow from which the milk had been obtained was still available for examination. In practice this is rarely the case, and it is therefore not surprising that medical literature contains very few specific instances of the infection of human beings with tuberculosis by means of milk. It is obvious, however, that the entire absence of evidence of this kind would in no way exonerate milk from the suspicion of being one of the causes of human tuberculosis.

We have already seen that, at least in this country, in a considerable number of cases of tuberculosis occurring in early life, the first seeds of the disease appear to have entered the body by way of the mouth. What proportion of these cases ought to be ascribed to tubercle-infected milk? It scarcely appears to be possible to give a very confident reply to this question, though some distinguished authorities have not hesitated to express the opinion that practically all the cases of primary intestinal tuberculosis occurring in childhood may be set down to this cause. The late Sir Richard Thorne-Thorne, in the Harben Lectures on the administrative control of tuberculosis which he delivered in 1898, expressed his conviction that tuberculous milk was the main cause of *tabes mesenterica* in children, and he characterised the loss of child-life from this cause as appalling. The evidence on which this formidable charge was laid against the milch cow was of the following nature. The Registrar-General's returns show that during the last fifty years there has been a marked decline in the death-rate from human phthisis, which is the form that tuberculosis generally takes when the bacilli are inhaled. On the other hand, during the same period there has been only a slight decline in the death-rate at all ages from that form of tuberculosis which is ascribable to alimentary infection, and among children under one year of age there has been a notable increase in the mortality from that form of the disease. The decline in the death-rate from phthisis is ascribable to the great improvements which have been effected during the last fifty years in the hygiene of human habitations, such as improvements in lighting, drainage, and ventilation. These naturally have not interfered with infection through milk, which has

therefore remained unchecked, and in infants has even increased, because, during the last fifty years, cows' milk has entered more largely into the dietary of very young children.

There are several weak points in this argument. Perhaps the weakest of all is the assumption that the deaths certified under the head of *tabes mesenterica* correspond closely with those which the pathologist would classify as cases of primary alimentary infection. It is scarcely possible to doubt that the term *tabes mesenterica* in the Registrar-General's returns covers a heterogeneous collection of cases, of which the majority may not be cases of tuberculosis at all. But even if it is agreed to accept all the cases registered under the head of *tabes mesenterica* as instances of primary alimentary infection, the figures found in the Registrar-General's returns do not support the contention that milk is responsible for all the cases of *tabes*. It is true that they indicate an increase in the death-rate from alimentary tuberculosis among children under twelve months old, but, on the other hand, there appears to have been a considerable decline in the death-rate from the same cause at all ages between one and five years. Now, if tuberculous milk were a frequent cause of tuberculosis, one would not have expected the death-rate from that cause to decline among children between one and five years of age, for there is no reason to suppose that there has been any decline in the use of cows' milk in the feeding of children at that age during the last fifty years. The fact appears to be that the Registrar-General's returns do not afford much trustworthy information with regard to the number of cases of primary alimentary tuberculosis, and are absolutely worthless as an indication of the extent to which human beings are infected by means of milk.

There is another direction in which one may turn for evidence on this point. We cannot with any pretence to accuracy ascertain the number of persons that annually become infected by milk, but we may be able to form some estimate of the existing danger in this connection by collecting information as to the frequency with which milk contains tubercle bacilli. We know that about thirty per cent. of all the cows giving milk in this country are tuberculous in some degree. This statement no doubt indicates a deplorable state of affairs, but in the present connection it is not quite so alarming as it at first sight appears. Fortunately not every cow that is tuberculous gives milk containing tubercle bacilli. It is true that opinions with regard to this point are not absolutely unanimous, but there is ample evidence to justify the assertion that as a rule the milk is not dangerous until the udder itself becomes diseased. The experiments pointing to an opposite conclusion form only a small minority, and the results obtained in most of them were probably due to carelessness on the part of the experimenter. In a few of the cases in which the milk of an apparently healthy udder was found to be infective, it is probable that the gland tissue was in reality diseased, though not to an extent discoverable without microscopic examination. The important question, therefore, is not what proportion of milch cows are tuberculous, but what proportion of them have tuberculous udders. Some authorities have estimated this to be as high as ten per cent., but the proportion is certainly much less

than that in Great Britain. My own experience leads me to think that about two per cent. of the cows in the milking herds in this country are thus affected. Now, the milk secreted by a tuberculous udder always contains tubercle bacilli, and it sometimes contains enormous numbers of them, and when these facts are apprehended one begins to realise the seriousness of the danger to which, in the present state of affairs, those who drink uncooked milk are exposed. But there are one or two considerations that make the danger greater than the mere statement of the number of cows affected would at first sight indicate. In the first place, the udder disease is not attended by any pain or tenderness in milking, and the milk, for a considerable time after the udder has become manifestly diseased, may appear quite wholesome, though in reality it is charged with the germs of tuberculosis. It therefore often happens that the gravity of the condition is not realised by the milker or the owner of the cow, and the milk continues to be sold for human consumption. There is scarcely any room for doubt that if it were sold and consumed unmixed with other milk, some of the persons partaking of it would become infected. In practice it is usually mixed with the milk from other cows that have healthy udders, and thus the germs are distributed among a larger number of persons. Even tuberculous milk that has been thus much diluted may prove infective, but the danger to the individual consumer is in inverse proportion to the degree of dilution.

Since about one cow in fifty is the subject of tuberculosis of the udder, and the average number of cows in the milking herds of this country is less than fifty, it follows that the majority of dairies and farms supply milk that is free from tubercle bacilli, or at least does not contain any derived from this source. On the other hand, when the infected material is present, it operates with the greatest intensity in the milk of single cows, and in the mixed milk from small herds.

It must be added that tuberculous disease of the udder is not the only source of tubercle bacilli found in milk. A great deal of the milk in the market contains a considerable quantity of dust and dirt, most of which comes from the cow's udder and the hands of the milker, and part from the dust ot the air of the cowshed. When thirty per cent. of the cows in a byre are tuberculous, the dirt in that building, and the atmosphere in it, are almost certain to contain tubercle bacilli, and some of these are very likely to find their way into the milk. The more dirt milk contains, the greater is the chance that tubercle bacilli from that source may be present.

What has been said with regard to the extent of the danger to which the public are exposed through the sale of milk containing tubercle bacilli may be summed up as follows:—The danger cannot be defined by stating how many persons are thus infected annually, or what fraction the persons thus infected form of the total number who contract tuberculosis in the course of a year. At the same time, it is impossible to doubt that the danger is a very real one, since at the present time milk is a vehicle by which tubercle bacilli are often introduced into the bodies of human beings.

Means of Averting the Danger.

The ideal method of counteracting this source of human disease would be to stamp out bovine tuberculosis, or to prevent the sale of milk from every cow that is tuberculous. Unfortunately, it must be admitted that at present that is unattainable. At the present time probably not less than thirty per cent. of all the breeding and milking cattle in this country are in some degree affected with tuberculosis, and to urge that the disease should be attacked on the lines adopted in dealing with cattle plague and pleuro-pneumonia is an effectual method of preventing any Government from touching the subject. But, although the complete and rapid extermination of the disease is impossible, it does not follow that nothing can be done, or ought to be done, in the way of prevention. The disease has attained to its present alarming proportions simply because, until quite recently, altogether erroneous notions were held regarding its cause, and because there has hitherto been the most absolute neglect of the precautions necessary for its prevention. The greatest obstacle to successful action against tuberculosis, whether in man or animals, is the ignorance of the laity regarding the cause of the disease. The immense majority of cattle-owners are not yet convinced that contagion is the only cause of tuberculosis, and very few of them have yet made the slightest effort to check the spread of the disease. As a rule, cows and other cattle visibly ill from tuberculosis are still left alive and in close association with their fellows, although the lowest grade of common sense and prudence would suggest that such animals ought to be promptly killed, or at least isolated. It is not want of common sense, nor is it mainly lack of means, that is responsible for this inaction; it is simply a want of conviction on the part of cattle-owners that tuberculous animals are dangerous to their companions.

The first thing necessary in this connection is education of the people regarding the nature of the disease. It is necessary, because in this country, where Parliament never moves except by the force of public opinion, the legislative action required will not be taken unless the people are satisfied of its wisdom, and also because even the most drastic sanitary measures enforced by the law are likely to fail if they are not supplemented by the intelligent co-operation of the people. The National Association for the Prevention of Consumption and the Royal Agricultural Society have been endeavouring to disseminate sound views regarding the cause of bovine tuberculosis among farmers and others, but much remains to be done in this direction. But it is not reasonable to ask that things should be left as they are until the education of the farmer in the matter of tuberculosis has been finished. If there are any practicable and reasonable measures by which, figuratively speaking, the flow of tubercle bacilli from tuberculous cows to healthy human beings can be stopped or impeded, they ought to be immediately enforced.

As soon as the valuable diagnostic properties of tuberculin had been proved by experience, it occurred to a good many people that its assistance ought to be called in in order to exclude tuberculous cows from

milking herds. In other words, it was thought that although it might not be practicable to insist upon the application of the tuberculin test to all infected herds, and to compel the isolation or slaughter of all cattle thus found to be infected, it might still be possible to require that only cows found to be free from the disease by the application of the test should be kept for milch purposes. I doubt whether anyone who is well acquainted with the circumstances of the case now believes this practicable. Here, again, the fact that one-third of the cows now giving milk are tuberculous is an insurmountable obstacle. The cost of carrying out the tuberculin test several times annually in all the milking herds in this country would be enormous, and the exclusion of all reacting cows from such herds would seriously disorganise cattle breeding as well as milk production. Moreover, to rely blindly on the tuberculin test, and to pronounce the milk of every cow that does not react to it free from tubercle bacilli, would be very unsafe. The test is recognised to be one of great value, but it is not infallible. Rather serious defects in connection with it are (1) that for a period after infection—a period that is sometimes very considerable—an animal will not react; (2) that in some advanced cases of tuberculosis no distinct reaction is obtainable; and (3) that in a considerable proportion of cases a second reaction is not obtainable for some days or weeks after the first. It is therefore clear that if we wish to exclude the milk of tuberculous cows, or if the object is the more restricted one of preventing the sale of milk from tuberculous udders, some system of inspection is necessary. This was the conclusion at which the Second Royal Commission on Tuberculosis arrived. We have already seen that whatever danger attaches to milk comes mainly from the cows with tuberculosis of the udder, and the public health would be almost entirely safeguarded from this danger if we could exclude such animals from our dairies. Periodic examination by competent inspectors would go a long way to securing this object, but the inspection would require to be at rather short intervals, for tuberculosis of the udder may come into existence and attain most dangerous dimensions in a period of a few weeks. The more frequent the inspection the better, but, of course, this means a great deal of expense.

If every town and rural district produced its own milk, it would be a comparatively simple problem to organise and carry out a fairly efficient system of inspection of milch cows; but, as the law at present stands, the majority of the population cannot obtain this safeguard. With the exception of Glasgow, Manchester, and a few other places, a local authority has no power to inspect cows outside its own district, and the helpless position in which this state of the law leaves the inhabitants of London and other large towns is obvious. If cows of which the milk is sold for human food had everywhere to be submitted to periodic inspection, such inspection would naturally be undertaken by the various local authorities, each of which would supervise the cows and cowsheds in its own district; but the compulsory inspection of all the milch cows in the country would be a very large undertaking, and perhaps it would be premature to press for it. In the meantime, a good case can be made out for making general the special powers relating

to inspection of cows in outside districts which a few fortunate cities have acquired by special Acts of Parliament. This also was one of the directions in which the members of the Second Royal Commission on Tuberculosis considered immediate action to be necessary.

There remain for consideration some other safeguards which would doubtless be less effective than those just discussed, but which, unlike these, would not be difficult to enforce, viz :—(1) compulsory notification of udder disease and of any symptoms of tuberculosis in milch cows, with, of course, the power to inflict a considerable fine for not reporting ; and (2) the interdiction of the sale of milk from any cow suffering from tuberculous disease of the udder, or exhibiting clinical signs of tuberculosis. Against the demand for the amendment of the existing law to the extent of granting the public these very reasonable safeguards against infection through milk, it cannot be urged that they would be very expensive, or that they would press harshly on private interests. The present state of the law, or rather the almost entire absence of any law dealing with tuberculous udder disease in cows, is a scandal and a reproach to civilisation. It scarcely sounds credible, but it is a fact that the owner of a cow in the most advanced state of tuberculosis, and exhibiting the most manifest signs of udder disease, may sell that cow's milk for human food as long as the sale has not been specially interdicted on the certificate of a veterinary surgeon, and no penalty attaches to this crime of deliberately or carelessly placing on the market a food material charged with the germs of a dangerous disease.

In the interests of public health, the sale of milk from tuberculous udders, and from cows that are obviously tuberculous in any part of the body, must be stopped, and it must be declared illegal to keep such animals alive. There need be no hesitation in pressing for this reform, because the measures demanded are in the interests of the owners of cattle, and would be advisable even if it were established that bovine tuberculosis is not transmissible to man. There is no dispute as to the danger of visibly tuberculous animals to others of their own species, and it is the very reverse of a hardship to the owner of such animals to insist on their being slaughtered.

It would probably be regarded as a serious omission if I did not refer to one other method of counteracting whatever danger at present attaches to impure milk as a cause of human tuberculosis. No matter how highly charged milk may be with tubercle bacilli, it can be deprived of all danger from that source by raising it to the temperature known to be fatal to these germs. Less than the boiling temperature (212° F.) suffices for this purpose; but, unfortunately, the lowest temperature that can be relied upon imparts to the milk a flavour that many people find distasteful. That objection does not hold good in the case of infants and young children, and the custom of boiling or steaming the nursery milk for a few minutes cannot be made too general. But while abstinence from uncooked milk is a sure way of avoiding infection with bacilli present in that article of food, it cannot for a moment be admitted that this absolves public health authorities from all concern with the subject. Arsenical beer may be made harmless by adding the proper antidote

before drinking it, but the most courageous brewer would not plead this as an excuse for selling the impure article.

In conclusion I would venture to express the earnest hope that the Congress will not endorse the view that it is inadvisable to take any measures to prevent the transmission of tuberculosis from the lower animals to human beings. To justify the introduction of measures to that end it is not necessary to contend that this is a common method of infection, or that the danger arising from milk can for a moment be compared with that present in human sputum. The inhalation of tubercle bacilli expelled from the bodies of human patients is doubtless the great cause of human tuberculosis, and every practicable means of preventing infection in that way ought to be employed; but, at the same time, we ought not to concede to the milkmen the right to sell us tubercle bacilli, even if we were assured that—like Dr. Koch's experimental pigs—we had nothing to fear beyond the development of "little nodules here and there in the lymphatic glands" of our necks and "a few grey tubercles" in our lungs.

During the reading of Professor McFadyean's paper the chair was vacated by Earl Spencer and taken by Sir James Crichton-Browne.

After the applause which followed the conclusion of Professor McFadyean's address had subsided, the Chairman, Sir JAMES CRICHTON-BROWNE, said: Ladies and Gentlemen,—The attention with which you have followed Professor McFadyean's address satisfies me that you have appreciated its merits, and that you are prepared to join in a cordial vote of thanks to him. That address must, I think, have been written under circumstances of great difficulty, although it bears no trace of that, for it is able and interesting, and makes almost fascinating a somewhat grim and unæsthetical subject. It is characterised, I think, by scientific insight, by logical precision, and by caution and moderation of statement. (Hear, hear.) That address confirms, I think, if confirmation were necessary, the views expressed after the address of last Tuesday, that further investigation is necessary before those views can be accepted, and I think that Professor Koch will himself accept that view. His views are not only at variance with those generally adopted throughout this country, but they reflect upon the Report of the Royal Commission, and it therefore seems to me that it is the duty of the Government of this country to undertake the investigations which are now absolutely necessary. (Hear, hear.) I do trust there will be no hesitation or delay on the part of the Government in undertaking this important and vital duty. I would quote to you an instance of what I regard as just and proper promptitude in such a matter. We have with us Dr. Brown, who is the delegate and representative of Wisconsin. He thought it his duty on Tuesday afternoon to telegraph to his Government the views set forth by Dr. Koch, and he received yesterday a telegram in reply: "Cable received; question considered; experiments begin to-morrow." (Loud applause.) Now, ladies and gentlemen, I am afraid we cannot expect our Government to begin to-morrow—(laughter)—but I hope

there will be no protracted delay in carrying out these investigations. If the Government will undertake them they will not be without voluntary aid, for, as some of you know, Sir James Blyth has most liberally and with great public spirit intimated that he will place at the service of any Government commission, or any committee appointed by this Congress, unreservedly the whole of his model farm in Essex. (Cheers.) And I believe Mr. Harold Swithinbank is also prepared to dedicate his well-appointed and private laboratory and his farm to the same purposes. In the meantime, ladies and gentlemen, our practical policy is, I am sure, to run no risks, and to permit of no relaxation in those restrictions which we have secured with great pains and great trouble, to run no kind of danger whatever of imperilling the lives and the health of our children. (Cheers.) I beg leave to propose a cordial vote of thanks to Professor McFadyean for his admirable address, and I would call upon Dr. Nocard, who is the McFadyean of France, to second that Resolution.

M. NOCARD said: Mr. President, Ladies and Gentlemen,—It is hardly necessary for me to say or repeat that I am completely in accordance on all points with Mr. McFadyean.

Yes, I believe, nay, I am convinced, that bovine tuberculosis is a danger to man. (Applause.) It is especially a danger in milk. It is milk that Mr. McFadyean is considering specially to-day. It is on this subject that I wish to add something to what I said the day before yesterday.

In France we have a law which orders the destruction of cattle affected with tuberculosis visible from the exterior, and from tuberculosis accompanied by clinical symptoms and manifesting itself by lesions in the udder.

Mr. McFadyean has just told you truly that it is these cows with tuberculous udders which are far the most dangerous, and that if these cows were withdrawn the danger which remains would be slight, if not destroyed.

It seems that we in France should be armed against this danger; but it is not enough to have good laws, it is necessary to have the means of applying them. But we have not these means. The mayor must issue the order for the destruction of a tuberculous cow, and before he can give this order he must be sure that it has a tuberculous udder; but his only means of knowing this is the declaration of the owner as prescribed by the law.

But dairymen never report when their animals are ill, or if they do so, it is when they cease to give milk—when they are no longer profitable to the dairy—that is to say, just when they cease to become dangerous; in fact, the law that we have remains, one may say, a dead-letter; it does not fulfil anything that was expected from it. This is why last year, in the commission held by Government to inquire into the measures to be adopted to check human tuberculosis, we demanded that a periodical inspection of all milk for public consumption should be organised. That is one of the resolutions proposed by Mr. McFadyean. Therefore I most heartily support all his proposals; I applaud them, and hope the Congress will give him its sanction, which will give us a very great force to back us in our efforts to obtain public power in France, and especially a law to organise inspection of dairy-farms.

The slaughter of cows which have either pulmonary or abdominal tuberculosis sufficiently developed to be recognised by a clinical examination is a great need. But, you will say, sometimes cows' milk is virulent, although they have no lesions in the udders. That is so; tuberculous bacilli is sometimes found in milk from cows who have no lesions in the udder. But I call on my colleague, M. Bang, who is certainly our greatest veterinary authority on this subject, and he will bear me out when I say that this is an extremely rare case, and when it does occur it can only be proved by inoculating into the peritoneum of guinea-pigs the sediment of the centrifugations of a great quantity of this milk, that is to say, it only contains a very small number of bacilli compared with milk drawn from tuberculous udders; which is proved by the fact that if, instead of inoculating it into the peritoneum of guinea-pigs, they are given this milk to drink in as large quantities as you can, these guinea-pigs do not become tuberculous, although these animals are susceptible to tuberculosis.

I have experimented on them, making them swallow tuberculous products, but these must be abundant and rich in bacilli; for when they do not contain many bacilli infection through the digestive channels produces no result, whereas it succeeds at once if inoculated into the peritoneum or injected hypodermically.

That is why, though we now endeavour to do all that is necessary and possible in the present conditions of milk production, we should be able to absolutely guarantee public safety. If we could obtain the authority for the destruction of all cows with tuberculous udders, all cows which have outwardly visible signs of this disease, we should eliminate the cause of abdominal tuberculosis, still so frequent in very young children. This is why I wish to give all the support I can to Mr. McFadyean's resolutions, and beg the Congress to adopt them. (Loud applause.)

Dr. HAMILTON, of Aberdeen, also thanked Professor McFadyean by saying: Mr. Chairman, Ladies and Gentlemen,—I am sure that you have all listened with very great pleasure, and with a great amount of instruction, to the most interesting paper which has been read to us by Professor McFadyean. Not only is the paper full of scientific interest, but, as Sir James Crichton-Browne just remarked, there has been added an element of fascination which has carried away even the most unconcerned lay-members of this audience. Then it is a very great pleasure to me, as an old teacher of Professor McFadyean, to say that he was one of the pupils that perhaps I was proudest of, many as they are here at the present time, who have come through my own hands. I must say I have followed Professor McFadyean's career with the very greatest interest from the time—now, I am sorry to say, many years ago—when he was my pupil, and when he received his first instruction in matters pathological. And it has been to me of very great interest to see how from one stage to another he has brought scientific method to bear upon the work of veterinary medicine. I think those members of the veterinary profession who are here assembled in this

Congress will confess that up to within a comparatively few years ago veterinary medicine and veterinary practice were founded in great part upon empiricism and a sort of rule-of-thumb methods. It has been reserved for one or two of the most eminent members of the profession to sweep this away, and to place veterinary medicine upon a proper and sure basis, that is to say, upon a proper scientific basis; and I always think that in our teaching of medical science from the purely human point of view we are acting in an extremely narrow fashion. I hope that I am yet to see the day when the teaching of veterinary medicine will not be dependent upon a few private enterprises in different parts of the country, but when it will be introduced into the country, when a disease will be studied much more from comparative pathology than has been the custom in late years. (Hear, hear.) I may just say this further, that in bringing about this remarkable change Professor McFadyean has stood head and shoulders higher than any other member of his great profession. I think that will be granted by the populace at large, and I have the very greatest pleasure, therefore, in supporting a hearty vote of thanks for the most interesting and instructive address to which we have just listened upon this most interesting subject. (Cheers.)

Dr. P. MAZŸCK RAVENAL, Bacteriologist of the State Live Stock Sanitary Board of Pennsylvania, said: Mr. Chairman, Ladies and Gentlemen,—There is little left for me to say in regard to the most able and instructive address that Professor McFadyean has given us, except to voice, as far as I am able, for the distant country of the United States of America, our appreciation of what he has said and done for the veterinary profession. A statement has been frequently brought forward by Professor Koch that one or two positive results far outweigh a number of negative results. My being asked to second this vote of thanks to Professor McFadyean is due, I think, to what I may speak of as the good fortune of having observed myself three cases of the direct infection of man by the bacillus of bovine tuberculosis. (Applause.) Before that time two cases had been reported, one by Tsherning and one by Pfeifer, the latter to be found in the Proceedings of the First Congress on Tuberculosis held in Paris in 1888. The three cases observed by myself were in the persons of Dr. Leonard Pierson, State Veterinarian of Pennsylvania, Dr. Edwards, and in my laboratory assistant, Dr. Gilliland. The first two cases were directly from the cow. The third case was by a pure culture of the bovine tubercle bacillus, which we had isolated and inoculated into a goat. Dr. Gilliland infected himself from this goat, and from the nodule on his hand we recovered it in pure cultures again. I have that culture in my laboratory, and can exhibit to anybody who doubts its existence. This has been carefully compared with the original cultures, and it retains its vigilance. Bolinger long ago showed, and Chaffe later, that infection from any animal through the skin was the most difficult means of introducing the bacillus. Even in cattle, if we introduce large numbers of vigilant bacilli into superficial layers of the skin by a process allied to that of vaccination, no effect will be produced. It is the common experience of every

pathologist who has done much post-mortem work, that the cutaneous tubercle produced by inoculation with the human bacillus passes away without treatment and without doing much harm as a rule. In those five cases which I have cited, one death resulted, showing a virulence at least as great as that of the human bacillus by the same method of inoculation. To these I may add two other cases observed by Dr. M. B. Hartzell, of the Department of Skin Diseases of the University of Pennsylvania. Although in these two cases there is no absolute proof that the infecting germ was of bovine origin, yet the evidence is very strong. Both were in men employed by the Pennsylvanian Railroad, one of our large railways, and those men were in charge of the cattle cars, and had to clean and repair them. They both wounded their hands by the ends of broken timbers, which were presumably infected by the excreta of tuberculous cattle—and we have a great many tuberculous cows in America—and tuberculous lesions followed, one of the men getting well afterwards. The other man, who weighed 175 lbs., and was forty-four years of age, and of good person and family history, died in less than one year through the involvement of the lungs and the internal organs. In view of this we have in the State of Pennsylvania a law—ably carried out by our State Live Stock Sanitary Board, the executive officer of which is Dr. Pierson, the State Veterinarian—by which no cattle are now allowed to come into Pennsylvania without having been previously subjected to the tuberculin test and tagged by an official tag. (Applause.) I wish once more to express for the State of Pennsylvania—as far as I am commissioned to do so—our thanks to Professor McFadyean for the splendid way in which he has presented this entire subject. I have much pleasure in seconding the most hearty vote of thanks to Professor McFadyean. (Applause.)

Professor CROOKSHANK, of London, said: Mr. Chairman, Ladies and Gentlemen,—I will only add my tribute to the expressions of great satisfaction with the address which we have heard from Professor McFadyean, an address characterised by lucidity of expression and by moderation in its conclusions. It is an address which I venture to say every member of this Congress should read and read again, and study in connection with the important address which was delivered by Dr. Koch. It is an address which will enhance the great reputation which Professor McFadyean has already acquired, not only in the profession to which he belongs, but among the workers in science throughout the world. (Hear, hear.) I esteem it a great privilege to have been invited to make a few remarks upon this occasion, and I trust you will excuse me if for a moment I make a few personal allusions. I presume I have been asked to speak partly because of an experiment which I made, which was of a positive character, and therefore in opposition to the conclusions arrived at by Dr. Koch; and I think there may be another reason. We must remember that this Congress is not merely a gathering of scientific men. It is a gathering, not only of those who are engaged in scientific research, of representatives of the medical and veterinary professions, but of representatives of agriculture, of delegates from the various local governing bodies throughout

the country, and of representatives of the general public. I may be permitted to speak on this subject, and to claim your patient attention for a few moments, because I have not only been engaged for the past sixteen years in investigating the subject of tuberculosis, but, as a practical agriculturist, I am in deep sympathy with the position held by the farmer of the present day, and having served on a county council and an urban council I know exactly the point of view from which delegates from these local governing bodies look at this question. And lastly, as a magistrate, I am keenly alive to the difficulties and responsibilities which arise when we have to deal with prosecutions for the sale of meat which has been condemned as unfit for human consumption. I propose to restrict myself entirely to Dr. Koch's paper, which has been referred to in Professor McFadyean's most able address. Permit me to say that I think we ought to acknowledge that we are really indebted to Dr. Koch for the courage which he has shown in pronouncing heterodox opinions which were bound to call forth great opposition and much hostile criticism. (Hear, hear.) I can speak feelingly on this subject. I know how much courage is required, when you have arrived at a conviction, to make criticisms or suggestions which may not be in accordance with some of the accepted creeds of the present day. I have heard it remarked that Dr. Koch's paper ought not to have been published. Wiser counsels prevailed. Criticism is essential to progress—(hear, hear)—and the way to meet such criticism is to bring counter-criticism; and by free and open discussion we shall arrive at what we all wish to arrive at—the absolute truth. (Cheers.) This subject is one of such enormous importance that I shall not be saying anything disparaging to the work that has been done in other sections of the Congress if I add that I believe that Dr. Koch's expressions of opinion will have done more than anything else which has been done in any other section to promote the cause of truth. What has been the immediate outcome of the criticisms which he has made? A demand for a commission; and I sincerely hope the Board of Agriculture will promptly appoint a departmental commission to inquire into this question. (Hear, hear.) And, if in our pathological laboratories we are suffering from apathy or want of work, there would be no excuse for us now, because Dr. Koch has given enough work for all the pathological laboratories throughout the world, and has given a great stimulus to scientific research. (Hear, hear.) Further, I would venture to say that it will be a great encouragement to physicians to make still more careful clinical observations, and to differentiate, as far as possible, those cases which they believe to be attributable to infection from a bovine source. Now I wish to say a few words with regard to the positive experiment which has already been quoted in connection with this subject. In the year 1888 I was privileged to undertake some experiments for the Board of Agriculture and to publish a report upon this very subject. I wish to explain what I think is the interpretation to be placed upon this result. I happened to be dealing with the case of a cow suffering from generalised tuberculosis, a cow whose milk was mixed with the general supply of a small dairy and supplied to the public. This cow was riddled with tuberculosis. The lungs were almost a solid mass,

the intestines covered with huge ulcers, the mesenteric glands were enormously enlarged, and the udder was diseased. That is an instance which leads me to support most strongly the statement of Professor McFadyean that it is very disgraceful that such a thing should be possible. (Hear, hear.) The cow, however, was extremely useful for pathological experiments. These experiments were made when there was not so much interest taken in this subject. Feeding small experimental animals with the milk, and inoculating animals subcutaneously, produced the most virulent tuberculosis that I have ever seen, and therefore I formulated these conclusions for the Board of Agriculture: "(1) cows with tuberculous udder are to be found in dairies in this country; (2) the milk of these cows is, as a rule, mixed with the general supply; (3) the milk in cows with tuberculous udder contains tubercle bacilli; (4) rabbits inoculated with or fed upon milk containing tubercle bacilli contract tuberculosis; (5) direct evidence of transmission of tuberculosis by milk to man is wanting, but from the effect of such milk on lower animals it is reasonable to conclude in the present state of our knowledge that there may be danger in using the milk of cows with tuberculous udders, and therefore strict inspection of dairies should be enforced, and the boiling of milk before use will, as a rule, be a wise, if not an absolutely necessary precaution." I abide by every statement that was made in those recommendations, and they were still further strengthened by another experiment which I was allowed to make. I had occasion to be brought into contact with a very advanced case of phthisis. The sputum contained numerous bacilli, and I injected this exceedingly virulent sputum into the abdominal cavity of a perfectly healthy calf with normal temperature. I will not trouble you with full details; I will for the moment address myself to my scientific colleagues. If you refer to that report you will find the full particulars, and that after the death of the animal in forty-two days there was tubercular deposit at the seat of infection, and from this point there were hundreds of wart-like fleshy new growths produced, some quite regular in form, either spherical or button-shaped. There were smaller deposits on the under-surface of the liver, in the spleen and in the internal organs. That post-mortem was made under the critical eye of my friend Sir George Brown. I only mention these details because I have heard it said that possibly this positive result was not a positive result at all, but that we were dealing with a case of congenital tuberculosis. That idea may be absolutely dismissed. We certainly had not tuberculin to test whether the animal was suffering from tuberculosis; but the character of the lesions which were produced, extending and radiating in all directions from the point of inoculation, was absolutely conclusive. I want you now to follow me and to see how far this affects the conclusions that have been arrived at by Dr. Koch. I made a further experiment, inoculating a calf intravenously with tubercle bacilli, and there was no result. Now Dr. Koch has stated that he inoculated a series of animals, some with tuberculous sputum and some with bacilli, and with negative results. I venture to say that, taking all these experiments together, they entirely bear out the view which I hold upon this important question, and my view is this: I think that Dr. Koch, from hasty generalisation,

is quite wrong with regard to this question of the possible transmission of tuberculosis from man to cattle, and therefore any final conclusions based upon the experiments which he has made would be misleading. The view that I take of the matter is this, and it is borne out by these negative experiments of Koch, that we are not dealing with a totally distinct disease, but we are dealing with two varieties of the same disease derived from a common ancestor. It is with considerable difficulty that the disease of human tuberculosis can be ingrafted upon the bovine subject, and it is quite possible that the reverse is also true. This is quite in accordance with bacteriological teachings. The bacillus which has grown upon a human soil does not find that the bovine soil is congenial, and quite possibly the reverse is also the case. I think this is the answer that may be given to the question which is sometimes asked, If we are not only always inhaling sputum from the streets, but always drinking tubercular milk and very often eating tubercular meat, why do not we all die from tuberculosis? I think that is the answer—that the disease is with difficulty transferred from bovines to man. There was in the experiment which I have referred to concurrent pyæmia, and it is quite possible that, in addition to using virulent virus, this concurrent pyæmia acted as a predisposing cause to the development of what was really a galloping infection of the peritoneum. There is another answer which must be given to this question, Why do we not all die from tuberculosis? The answer is that there has been a tendency to look upon the tubercle bacilli as the only factor, and that is a very great mistake. There are many factors in the production of tuberculosis. We cannot possibly eliminate the question of hereditary vulnerability, the effects of pre-existing diseases, the effects of chills and colds, and the effects of alcoholism. A perfectly healthy individual can inhale and take the bacilli of tubercle with food with impunity; but that is no argument against endeavouring to diminish the possibility of this taking place. We need not trouble about those who are physiologically healthy, or at any rate we want to direct our attention to preventing the possibility of the tubercle bacillus obtaining access to those who are vulnerable. (Applause.) Herein, then, is the point on which I differ entirely from Professor Koch. Professor Koch has performed a certain number of experiments, and he says, as the result of those negative experiments, that no measures are necessary. I cannot agree with that statement. I venture to say that there is a risk; and I think his recommendation that no measures are necessary is a great blot in a very able address. Such a statement tends to paralyse the efforts which we are making to fortify the community against tubercular invasion. I agree so far with Professor Koch as to say that I think the danger from tubercular meat has been greatly exaggerated, and I maintain that from too great enthusiasm in connection with this subject there has been hardship and injustice inflicted. (Hear, hear.) There is always danger from what I may call panic legislation, and we should be very careful to be sure that legislation is not made in advance of well-ascertained facts. I have taught for years that there is no danger in consuming the flesh of animals suffering from a purely local tuberculosis; and I regard it almost as absurd and unjust to condemn

the carcass of a "prime fat" beast suffering from purely local tuberculosis as it would be to condemn the carcass of an animal suffering from an actinomycotic wen or from actinomycosis of the tongue. But when we come to the question of generalised tuberculosis, and when in dairies we know that there are animals suffering from tuberculous udders, I insist upon it that there may be danger. The whole position of this question is dominated by that little word "may," and the evidence which has accumulated might even justify us in putting it still stronger. Even Dr. Koch—and that is the point I fail to understand—in his remarks admits, if you carefully read his paper, that there is some risk; and I cannot therefore understand the attitude of mind which would proceed to advise that no preventive measures are necessary. I would rather adopt the attitude of mind of Dr. Butler, the author of Butler's "Analogy." I hope I shall not be wounding the religious susceptibility of anybody present if I refer to a remark which Dr. Butler made. He said, "So long as there was any probability of the existence of hell it would be deemed advisable to lead a righteous life." And I would venture to say that so long as there is any reasonable probability of infection of mankind from animals, it is our bounden duty to adopt preventive measures and follow in the paths of sanitary righteousness. (Cheers.)

I desire to say one word to the delegates who have come from the local sanitary authorities. I appeal to them, as my late colleagues, not to be discouraged by the statement which has been made, and not in any way to relax their efforts, or to put aside reasonable measures to secure pure milk and wholesome meat for the public. (Cheers.) We are not merely waging war against what I regard as an immoral traffic in "wasters" or "piners." We are not merely concerned with the question of the tubercle bacillus in dairies. I want to see sanitary measures encouraged and enforced because they have a far-reaching effect. We are aiming at a high standard of cleanliness and purity, and I am convinced that if you will continue to persevere in those efforts, and if you will use your best endeavours also to relieve the overcrowding in towns, and to improve the condition under which the working classes live, and to secure more light and air, you will be the silent instruments by which we may hope to stamp out this terrible scourge of tuberculosis. But if you, who are responsible for the sanitation of this country, neglect these efforts, if you abandon the policy which we have adopted hitherto, I say that England, the country which has for so many years been regarded among the nations of Europe as the pioneer of sanitary reform, will no longer deserve to hold that position. (Loud cheers.)

Professor SIMS WOODHEAD: Sir James Crichton-Browne, Lord Lister, Ladies and Gentlemen: I shall not abuse your confidence, I hope, for more than a minute or two, if I am allowed to say a few words in support of the Resolution that has been so ably proposed to thank Professor McFadyean for his very able and, shall I say, very temperate address. We have all listened to it with very great pleasure indeed, and I cannot help looking back to the time when I first knew Professor McFadyean as a fellow-student. I

could not help thinking what an enormous amount of work he has done between that period and now. I shall only say but one thing, and that is in connection with what our Chairman said yesterday afternoon. He put to us a question which he had put to the late Sir Richard Thorne-Thorne, asking, If there is all this danger, why are we not all affected? It has been stated, I believe, that nearly 50 per cent. of the people of this country are, have been, or will be affected with tuberculosis. That is a very serious statement to make, and at first I could scarcely realise that it could be possible. But if you remember, ladies and gentlemen, that there are 60,000 people die from some form of tuberculosis annually, that a considerable number of these are ill for years before they die, that there are many serious cases of tuberculosis which ultimately recover, and that we know nowadays that there are many cases of tuberculosis which are never discovered during life, or even sometimes after death, you will therefore see that we do not escape tuberculosis in anything like the degree that is popularly supposed. And if it is true that 50 per cent. of us are at some time affected by tuberculosis, I think it behoves us to enter very carefully into those measures, however small the proportion of the cases may be, which may prevent any single form of tuberculosis. There are many cases in which there is practically no lesion, that is, damage to any part except those parts of the system connected with the intestinal canal. In certain of the statistics to which Professor McFadyean has referred, those of Dr. Shennan and Dr. George Still—or, at any rate, in connection with Dr. Shennan's—I had an opportunity of making 127 of the post-mortem examinations and of recording the results. Dr. Shennan says that a very considerable percentage of cases result undoubtedly from infection of the alimentary canal. I wish all of you could have heard what we heard in the Pathological Section this morning from the gentleman who seconded the proposal. He made it clear to every one of us that, as the result of three years' hard work and most accurate observation, there was undoubtedly danger of infection from the bovine to the human subject, and he also showed most carefully that there can be an inter-communication in both directions; that it is possible in many cases to produce the disease directly; and, although many failures occur, still there is a sufficiently large proportion of successful cases to indicate the very great necessity that we should take care in dealing with the subject to relax no effort, but to increase our efforts, and to accentuate in the popular mind the necessity for looking upon bovine tuberculosis as a very great danger to the human public health. I have very great pleasure therefore in supporting the Resolution. (Applause.)

The Resolution was put and carried by acclamation.

Mr. MALCOLM MORRIS then rose and said: My Lords, Ladies and Gentlemen,—I have only just this little request to make to you, viz., that, as the main object of this Congress is the diffusion of knowledge, you should not leave to-morrow or to-day without taking with you copies of the various addresses and of the various papers which have been delivered, in order that

you may have the opportunity of spreading them in your own towns, so that the work which has been done here shall not be for the benefit of single individuals, but should be diffused throughout the whole country as far as possible. I may mention that many thousands of Professor McFadyean's address have been printed, and I will ask all of you to take several copies with you, so as to propagate it throughout the country. (Cheers.)

(The proceedings then terminated.)

FIFTH GENERAL AND FINAL MEETING.

The FIFTH and FINAL GENERAL MEETING was held in the QUEEN'S HALL, at 3 P.M., on Friday afternoon, JULY 26th, 1901.

The EARL OF DERBY, K.G., who was in the CHAIR, opened the proceedings by speaking as follows: My Lords, Ladies and Gentlemen,—We have now reached the last stage of the official proceedings of this Congress, and it becomes our duty to submit to you certain resolutions which will be proposed to you in due course. Although the Congress has met under circumstances of special and lamentable difficulty, with the loss of one who was to have been our President, who is debarred by his exalted position from coming here, it has nevertheless achieved a success, as we hope and believe, which will render it one to be remembered amongst the history of similar congresses in the world. We in the first instance desire to recognise the cordial manner in which those whom we have had the honour of welcoming to our shores have availed themselves of the invitations which were extended to them. They have added an interest and a grace to our proceedings which we should have felt were strangely lacking if they had been absent, and we trust that in time to come, should another congress be held here, the memory of this one wil operate to bring our foreign friends once more to the shores of a country which assuredly will welcome them. (Cheers.) We have a good deal of business to do this afternoon, and it is therefore better that I should not take up your time with any preliminary remarks. The Congress has been a large one, fully attended. Over 2,500 persons have joined the Congress, and the subjects discussed have not been inferior to those which have been presented to similar congresses at any time. We now only hope that some definite result will accrue from our conference. If we were simply to have met, whatever the pleasure of it, if we were simply to have discussed these matters, with whatever interest, no very definite result would have been achieved; we hope, therefore, that the resolutions which will very shortly be submitted to you will be approved in the main by our audience. We trust that this Congress will be able to separate with a feeling that after all they have done something to promote the welfare of their country, that they have done something to deal with this great question, and that they have contributed their mite, small as it may be, to the general knowledge, experience, and, we hope, the benefit of the world. (Cheers.)

Mr. MALCOLM MORRIS (*Hon. Secretary-General*) then proposed the first Resolution as follows: My Lord Derby, my Lords, Ladies and Gentlemen,—I have first of all to read to you the first Resolution, which I have the honour myself to submit to this meeting. The Resolution is: "Tuberculous sputum is the main agent for the conveyance of the virus of tuberculosis from man to

man: indiscriminate spitting should therefore be suppressed." (Cheers.) It is not a particularly pleasant subject with which to commence this meeting, but it is the key to the question, and we must put aside the question as to whether it is a pleasant subject or not, and come boldly to the point and carry the resolution. We must tell the world distinctly and clearly that indiscriminate spitting, especially in public places, in all enclosed places where people congregate, is not only a disgusting and a filthy habit, but a dangerous one to human life. (Cheers.) If nothing else comes out of this Congress—if after all the work that has taken place here this one fact comes about, that the public learn that by spitting indiscriminately in enclosed places they are doing themselves, their wives, and their families a deep injustice and injury—then this Congress will not have been held in vain. (Cheers.) I am certain that the ladies who have attended this Congress will agree to this resolution. (Hear, hear.) They suffer from men's filthy habits, and they will support us in this Resolution, especially when we tell them that when they walk in the streets with their long skirts they pick up particles of poison and carry them into their houses. Without further preface I beg to propose this Resolution: "Tuberculous sputum is the main agent for the conveyance of the virus of tuberculosis from man to man: indiscriminate spitting should therefore be suppressed." (Cheers.)

Mr. HAROLD SWITHINBANK, who was called upon to second the Resolution, said: My Lords, Ladies and Gentlemen,—It is with very great pleasure that I rise to second the motion which had been put before you so ably by our Secretary-General. I do so with the greater pleasure because the Resolution may be said to crystallise the efforts which the National Society for the Prevention of Consumption have, during the past three years, made to put a stop to the habit of indiscriminate spitting. I think this habit has been allowed to go on too long. We allow to be scattered broadcast through our streets a poison, the deadly nature of which has been proved by such men of scientific eminence as Professor Brouardel, Professor Koch, and others. As Mr. Malcolm Morris has put it, this poison is swept up by every lady's dress; it is swept up in the air by every gust of wind, and every man, woman, or child who travels much by rail, or who walks on the platform of a station, inhales it into the system. Yet the law says nothing. But if a piece of orange peel is dropped on the ground on the sidewalk by a little boy, and a broken limb results, there is a howl of righteous indignation throughout the whole world, voiced by the press, and the little boy gets severely punished by the law. Yet we allow this poison to be distributed in our streets broadcast! If you ask why, you receive the reply, "Well, a man must spit." That may be so, but I claim he has no right to spit in such a way as to be a danger to the public health, and I think it is the duty of the community to see that he does not do it. (Hear, hear.) We have here representatives of some of those great municipal bodies of which this country is so justly proud, from every part of this country. Is there not one of those municipalities which will have the courage to take the first plunge?—for plunge it is.

It has been taken by our cousins over the water. You know what New York has done. You heard Professor Brouardel quote a case the other day where even a ubiquitous millionaire was imprisoned for a second offence, after being fined for the first. That great dependency of Canada, of which we are so proud, and with which our President was connected happily for many years, has followed suit. In Toronto it is a penal offence; in Ottawa they are about to pass a law, if they have not done so at the present moment. Halifax and Nova Scotia have done the same. In Sydney—to go to the other side of the world—every man who is found spitting in the public street is fined £1, and yet in this country we sit still and allow it to go on. You heard yesterday Sir James Crichton-Browne quote that admirable, concise, practical telegram which was sent by the State of Wisconsin to its representative in this country, in reply to the telegram sent by him after the second General Meeting the other day. It was: "Telegram received; experiments commence to-morrow." Is there no great municipal authority in this country which, after reading to-day's proceedings in to-morrow's press, will telegraph and say, "Point seized; prevention begins to-morrow." (Cheers.)

The Resolution was then put and carried unanimously.

Professor SIMS WOODHEAD, M.D., as the proposer of the second Resolution, said: My Lords, Ladies and Gentlemen,—I beg to propose the second Resolution—"It is the opinion of this Congress that all public hospitals and dispensaries should present every out-patient suffering from phthisis with a leaflet containing instructions with regard to the prevention of consumption, and should supply and insist on the proper use of a pocket spittoon." This resolution is really a corollary to the one which has already been passed so heartily. We all know that poison is not a very dangerous thing if we keep it corked up in a bottle, and the resolution to which I am to speak is a resolution to the effect that we shall put all the poison into a bottle and keep it there if possible, and that further we shall tell people how to put it there, and what to do with it when they have got it. It is an exceedingly important question with which this Congress has been dealing. Those who heard Professor Koch's eloquent address the other day cannot but feel that after all this is the question of the hour. I have very great pleasure in proposing this Resolution, because I know from actual experience that the material which it is proposed to put in these bottles does contain an enormous number of tubercle bacilli, which we are all agreed are exceedingly active and dangerous.

Sir WILLIAM BROADBENT, who seconded the Resolution, said: My Lords, Ladies and Gentlemen, I shall be happy to second that Resolution, because, as an old hospital physician, I know that these out-patient departments are being made the seats of the actual spread of disease. Nowhere is information of this kind more necessary than in the out-patient departments of hospitals, and a measure of this kind is therefore of the first necessity.

The Resolution was then put to the meeting by the Earl of Derby and was carried by acclamation.

Dr. NIVEN, the proposer of the third Resolution, spoke as follows: My Lords, Ladies and Gentlemen,—I beg to move, "That the voluntary notification of cases of phthisis attended with tuberculous expectoration, and the increased preventive action which it has rendered practicable, have been attended by a promising measure of success, and that the extension of notification should be encouraged in all districts in which efficient sanitary administration renders it practicable to adopt the consequential measures." In dealing with such a large question as the notification of phthisis, I scarcely know where to begin, but I can scarcely do wrong in saying that this practical measure has been adopted by our American cousins with conspicuous success in the great city of New York, and that they have carried on with ever-increasing efficiency a large measure of notification of phthisis since the year 1893. Although we ourselves had urged this measure even before that period, we had not been successful in getting any great municipality to adopt it up to the year 1899. In that year three large towns adopted the voluntary notification of phthisis. As you are aware, in New York notification of phthisis is compulsory, but for the first few years the city of New York also was under the system of voluntary notification of phthisis. It may be questioned whether it would be wise in any large town to adopt the compulsory notification of phthisis before making themselves acquainted with the practical difficulties of administration. (Hear, hear.) The three places which did adopt voluntary notification of phthisis in 1899 were the town of Brighton, the city of Manchester, and the city of Sheffield. I should like to take this opportunity of paying my tribute to the admirable work which has been done in Brighton and Sheffield by the Medical Officers of Health, Dr. Newsholme and Dr. Robertson. Voluntary notification came into operation in Manchester in the autumn of the year 1899. Not to enter into many details, the Corporation of Manchester appointed two medical assistants to the Medical Officers of Health, Dr. Harold Coates and Dr. McLeary, now the Medical Officer of Health for Battersea, and a scheme was drawn up which embraced a great many points. When a case is notified by a practitioner, these gentlemen, armed with a large form of investigation, go out and see the patient at his own home. They enter into elaborate enquiries into the history of the infection; they give personal instructions in the methods and precautions which are required to be carried out; they observe minutely the conditions of the house, and they make a note of the measures of disinfection to be performed. They then bring this report back to the office. The further administration is carried out by an organisation of twenty-eight sanitary inspectors and fifteen lady health visitors belonging to a voluntary society, the Ladies' Health Society of Manchester. (Cheers.) A lady from this Ladies' Health Society, or a sanitary inspector, goes to the house and minutes exactly the rooms and the articles to be disinfected. I may say at this point that the great practical value of this measure has been attained through the careful investigations of our Professor of Pathology,

Professor Delépine, who has made many valuable contributions to this subject, and through whose investigations of the practical methods of disinfection we have been able to do so much. The house and the articles which have been exposed to infection are disinfected in different ways adapted to the degree of infection which has taken place. I do not think I need go into the matter, except simply to indicate that our methods are adopted with the object of removing the amount of infection which we know must be present in the house. I should like to say further that we have had between two and three thousand cases of consumption notified, and that in the later period we have been able not only to get practically the whole of those houses disinfected, but also all houses in which deaths from phthisis have occurred, without any great degree of friction arising with the people or the property owners. (Cheers.) In fact, although we have legal powers to obtain disinfection, we have thought it wise to appeal to the property owner voluntarily to submit the houses belonging to him to the operations of the Corporation. In almost every instance I am very pleased to be able to say we have obtained the co-operation of the property owner. I really do not anticipate that, with a judicious method of administration, with carefully selected officers, with notification worked in a conciliatory spirit, there will be any great difficulty in carrying out a public system of preventing phthisis under a system of notification, namely, by investigating the source of the disease and removing it, by instructing the people by word of mouth through skilled medical men in the precise measures which they are to carry out, and by getting those houses disinfected which require disinfection and in the manner best adapted to remove the infection. I beg therefore to move, "That the voluntary notification of cases of phthisis attended with tuberculous expectoration, and the increased preventive action which it has rendered practicable, have been attended by a promising measure of success, and that the extension of notification should be encouraged in all districts in which efficient sanitary administration renders it practicable to adopt the consequential measures."

Professor Clifford Allbutt, M.D., F.R.S., who was then called upon, said: My Lords, Ladies and Gentlemen,—I am glad to have the opportunity of seconding this resolution, if it were only for one thing. Dr. Niven, of Manchester, has paid a tribute of gratitude to two towns in England out of the three which have done very good work in moving in the direction of voluntary notification; but he has been silent about his own work in Manchester, and I am sure you will feel with me that we must not allow his modesty to let him be forgotten in this respect. I have, perhaps, some excuse for speaking in this way of Dr. Niven's work, because one of my candidates for degrees within the last few weeks has presented for his degree at Cambridge a digest of about a thousand of these notifications, by Dr. Niven's kind permission. A great many very remarkable and important results are coming out from those figures, which it is not the time to enter into fully now. What we might have expected has occurred, that certain ill-ventilated workshops and other places of congregation appear to be centres from which phthisis was distributed, and that in one or two

instances it appeared so far that an outbreak occurred in such places from the time they were known to be frequented by one or more phthisical workmen. I should hesitate to say that any ill-feeling or any alarm were created as regards the individual originating such a centre of infection; that is the justification of voluntary notification. It is perfectly easy, without exercising any improper pressure, or acting in any unbecoming way towards the individual, to enable him, on the basis of the previous resolution that you have already carried prohibiting indiscriminate spitting, to attend to his work, and to follow his occupation in his workshop under exceedingly simple and easy conditions. I have very much pleasure in seconding the proposition.

Dr. ACLAND here asked: Might I venture to ask whether it would not be better, in these two motions, to substitute the word "tuberculosis" for "phthisis"? It makes it more comprehensive. I take it that all tuberculous discharges are equally contagious.

Dr. NIVEN replied: We very carefully considered that question, and thought that phthisis was the most urgent. The subject is so vast that I think it would be undesirable to load it with other forms of tuberculosis until we have reduced the disease.

The Resolution was then put, and carried unanimously.

The proposer of the fourth Resolution, Sir JOHN BURDON SANDERSON (Regius Professor of Medicine, Oxford), said: My Lords, Ladies and Gentlemen,—I beg to move, "That the provision of sanatoria is an indispensable part of the measures necessary for the diminution of tuberculosis."

The Resolution which I have to propose to you joins on to the one which we have just been considering, and which you have accepted. It relates to the provision of sanatoria for the poor. (Hear, hear.) I shall trouble you with very few observations on the subject, because I cannot possibly enter into the full discussion of so large a subject, and I must state very precisely what the view of the section which has sent it to you is upon the subject. You will see that the purpose we have in view is to place before you, not details, but merely principles. You will see from the wording of the resolution that it relates to two things—namely, to sanatoria, and to people who are to be received into those sanatoria. We all know that sanatoria are of the greatest value, not merely to the poor, but to all classes of the community, and we are interested in their prosperity in that general way. But more especially it is our duty to promote the establishment of sanatoria for the poor. (Hear, hear.) What I mean by sanatoria for the poor is not for the poor generally, much less for those in receipt of parochial relief, but for the poor workman, that is to say, for the workman whose earnings are quite sufficient or just sufficient to cover the necessary expenses of his life, but who is too poor to make proper provision for the future, and especially the great calamity of sickness. (Hear, hear.) In defining, therefore, the sanatoria of which I speak, you will understand that I mean cheap sanatoria—sanatoria into which the sufferer can

be admitted promptly and freely, and in which the cost does not exceed something like from 15*s.* to £1 a week. What we require is sanatoria, not perhaps all over England, but in the neighbourhood of all industrial centres. (Cheers.) As yet, as you know, very little has been done in this country with this view. You will see that what is essential is that the sufferer should be admitted at once, and on no other ground except the ground of illness, into these sanatoria. Now we can speak of the benefit which is to be derived from such admission on extremely good grounds. We are well aware, and we have had abundance of evidence given us in this Congress, that the great experiment which has been made in Germany is a success—that is to say, that if you can provide a workman who is in the first stage of consumption, in the early stage of consumption, when he is not ill, but merely weak, that is to say, passing into such a condition of things that he is no longer able to do a full day's work—that if you can provide such a person with a resting-place, a place where he can enjoy the three items which are necessary for his improvement, namely, rest, good food, and good air, and I might add to them agreeable surroundings—then you do the best that you can do to preserve his working power. It is very desirable that we should very clearly understand what we hope to effect. What we hope to effect is not so much the cure of the disease, in the English sense of the word, as the restoration to the workman of such an amount of health as will enable him to continue his work. Now the facts which we are in possession of, and which we have gathered from the experience of Germany—which I presume everyone here knows has carried out the system of sanatoria for the poor for from six to ten years—we know that if we follow that course we can prolong the life and particularly the earning power of the consumptive workman. Whereas in general one may say with perfect truth that a workman who is suffering from pulmonary consumption cannot look forward to more than two or three years of life for certainty, the probability is that if he is sanatorially treated he will at the end of such a period be still able to earn successfully, that is to say, still to maintain himself and his family. Now, ladies and gentlemen, simply consider this. We have a tremendous evil. There are a very large number of persons in this country, numbering perhaps very many thousands at all events—I will not venture to make an estimate of the number—persons who are in the condition which I have described. Secondly, we know that if we had sanatoria for the poor of the kind that I spoke of just now, we should lengthen their lives, and particularly we should lengthen the time during which they are able to maintain themselves and their families. That being the case, it is unquestionably our duty to do all that we can, without for a moment expressing any opinion as to the way in which it is to be done, and as to where the resources are to be found to establish sanatoria for the poor all over England, and particularly, as I said just now, in our industrial centres. (Cheers.)

Sir RICHARD DOUGLAS POWELL seconded this Resolution in the following words: My Lords, Ladies and Gentlemen,—I think it is quite

unnecessary for me to add any words to those which have been spoken so eloquently by Sir John Burdon Sanderson in support of this Resolution. I think he has covered the whole practical ground, and I have much pleasure in seconding the Resolution.

The Resolution was then put, and carried with one dissentient.

Sir HERBERT MAXWELL, M.P., then proposed the fifth Resolution: My Lords, Ladies and Gentlemen,—I beg to move, "That in the opinion of this Congress, in the light of the work that has been presented at its sittings, Medical Officers of Health should continue to use all the powers at their disposal, and relax no effort to prevent the spread of tuberculosis by milk and meat." (Hear, hear.) I think of all the resolutions which have been or are to be submitted to you this afternoon, this is perhaps the only one which an unprofessional man like myself can venture to move. It is one in which I have a peculiar interest, inasmuch as I had the honour of being the Chairman of the Royal Commission on Tuberculosis which reported two years ago. The inquiry of that Commission was directed upon a matter which had already been reported on by a previous Royal Commission. We relied very much on the experiments conducted by the distinguished members of that Commission. We travelled in the course of our own inquiry to most of the countries of Western Europe, and we found that the conclusion to which that Commission had come, and to which we ourselves were led, was assumed to be, I might almost say, *chose jugée*—namely, the communicability of bovine and human tuberculosis. We have learned this week that this must still be regarded as a question, and those who heard the magnificent oration of Professor Koch on the one hand, and of Professor McFadyean in this hall yesterday afternoon on the other hand—(cheers)—will perceive that, like other questions, it has two sides to it. (Hear, hear.) If you accept this resolution you decide nothing. You are asked to pronounce no opinion, save that it would be unwise to abandon the precautionary measures which an enormous preponderance of scientific opinion, supported by legislative action, has endorsed throughout civilised Europe, until the negative is proved. (Cheers.) I will not venture deeper into the subject than that. I have only said so much in order that you might perceive that you are not asked to commit yourselves to any new line of action in supporting this Resolution, only to press that the present reasonable precautions should be maintained until further progress has been attained towards the truth.

Earl SPENCER, on seconding the Resolution, said: My Lord Derby, Ladies and Gentlemen,—I am very proud to associate myself with Sir Herbert Maxwell in what he has said on this highly important question. I had the privilege yesterday of addressing a few words to you on this very subject. I said, in terms not very different from those he has used to-day, that I thought it was of the highest possible importance that no change should be made in the precautions which are being taken, and which many people in this room have encouraged all over the country, to prevent the sale of milk

from diseased animals. I only repeat that to-day. I should like to add one word taken from an admirable speech which we heard from Dr. Niven, who represented an experiment which has been so successful in Manchester. He alluded to what he called a "judicious method of administration." I should like to urge that upon all those who have to act in this matter. Sometimes we have not judicious methods of administration. Methods of administration, I know, in this country have from time to time been adopted which had no elasticity in them, and a very rigid application of certain laws in cities was applied to country districts where the same circumstances did not exist. (Hear, hear.) I am not, by saying this, saying that in any place you ought to depart from certain broad and general principles, but I am quite sure that if you want to get successful administration in a country you must have a certain amount of elasticity, and if I might add of good sense, in your regulations. (Hear, hear.) I most strongly support the views which have been ably spoken to by Sir Herbert Maxwell, and I will not say any more, other than simply second the Resolution which he has proposed.

Mdlle. ADRIENNE VEIGELÉ, rising in the body of the hall, said: Before the Resolution is put to the meeting I should like to say a word on behalf of vegetarianism. I believe that if the medical profession would study the value of vegetarian diet, they would do a great deal towards stamping out this disease.

Dr. HERON then proposed an addition to the Resolution, saying: I should like to suggest that something should be added to the Resolution. (Hear, hear.) I do not wish in any way to discuss this subject, which is a very burning one, and one which cannot be fully discussed with advantage in an assembly such as this. But I think it might be to the advantage of all concerned if some such addition as this were made to the Resolution: —"And that, in view of recent authoritative statements, steps should speedily be taken to commence an experimental inquiry, to be conducted by competent men, and as speedily as may be brought to a conclusion." (Cheers.) I do not think it is necessary for me to dwell upon this at any length, because I hope these words convey a definite and perfectly clear meaning to everybody. They do not pledge this meeting to any particular expression of opinion, except this—and I think a most important expression of opinion it will be under the circumstances—that we wish to know, as speedily as may be, what the meaning of the very grave statement which was made by one of the greatest scientific men of the day really means, and this will never be done by speaking; it can only be done by experimental inquiry properly carried out by men competent to do it. I think the matter is of such vast importance, such immense importance, from any point of view from which you choose to look at it—from the point of view of health, from the point of view of expenditure—that it ought to be impressed upon the Government, and they ought to be told by men of their own party, and by men of all parties, that this is a thing which must be attended to, and with the least possible loss of

time. I beg leave to move the words I have read as an addendum to the Resolution.

The CHAIRMAN then said: As that is an addendum to the Resolution, there is nothing to prevent me putting the original Resolution to the meeting.

The Resolution was then put, and carried unanimously.

Mr. MALCOLM MORRIS said: I may say that I have a Resolution in similar terms to the addendum suggested by Dr. Heron. It is, "That in view of the doubts thrown upon the identity of human and bovine tuberculosis, it is expedient that the Government be approached and requested to institute an immediate inquiry into this question, which is of vital importance to the public health and of great consequence to the agricultural industry."

Dr. HERON said: I accept that, and beg leave to propose it.

Dr. J. S. LLOYD, M.R.C.V.S., said: I beg to second that. It will give the utmost satisfaction to everybody concerned, both the public, the agriculturists, and the veterinary surgeons.

This Resolution, in place of Dr. Heron's addendum, was then put, and carried.

Dr. FARQUHARSON, M.P., said: My Lords, Ladies and Gentlemen,—As a humble member of the Legislature I should like emphatically to support the resolution which we have just heard. I regret to say that the responsible Minister in charge of our sanitary affairs, when questioned in the House of Commons yesterday, put down his foot, and emphatically declined to start any investigation of that kind. But we cannot put back progress, and we cannot ignore the enormous authority of Dr. Koch in matters of this kind. I think we have done well and wisely to maintain the *status quo*, enabling Medical Officers of Health to continue their sanitary measures, which have been attended with such immense advantage, until we get some decision. I am most strongly of opinion, and I will most emphatically state in the House if necessary, and back up those of greater authority than myself who bring their greater authority to bear upon the Legislature, of the urgent necessity, if I may call it, of having some inquiry of the kind suggested. I see on the platform my friend Sir James Blyth, the greatest authority, I suppose, outside scientific men, on matters of this kind, and he, I believe, has expressed his wish and desire to help in this investigation. I hope and trust that this great and successful Congress, now approaching its satisfactory conclusion, will place a crown on its proceedings by emphatically stating that they think it necessary that some further investigations should be carried out on this great and all-important question.

Mr. WILLIAM FIELD, M.P. (Dublin), speaking from the back of the hall, said that he thought it would be much better if a Royal Commission of medical

experts were appointed; who would probably come to some kind of conclusion which would satisfy the public mind on the subject. There is an enormous interest at stake, and those who wish to have this Commission desire that the public should be satisfied, and the welfare of the community carried out.

Mr. FIFE, speaking on the same Resolution, said: I think that more than one section of the officers of local authorities who are interested in endeavouring to put down tuberculosis throughout the country should be mentioned in the Resolution. We all know that there are veterinary surgeons who are attached to local authorities, and also sanitary inspectors who have statutory powers under the various Acts and Workshops Orders to carry out powers under the local authorities and administration for that purpose. I think, therefore, that these sanitary inspectors and veterinary surgeons of local authorities would desire to be backed up in their strong and conscientious efforts to do all they can in the undertaking of their duties. I therefore beg to move that you add the following words to the addendum: "Veterinary surgeons of local authorities and sanitary inspectors."

The CHAIRMAN here stated: As a matter of form it will be impossible to add that to the Resolution at the present time, because we have already passed that part of it without amendment. The part of it which is now under discussion, and to which I must ask speakers to confine themselves in their amendments, is: "That in view of the doubts thrown upon the identity of human and bovine tuberculosis, it is expedient that the Government be approached and requested to institute an immediate inquiry into this question, which is of vital importance to the public health and of great consequence to the agricultural industry." Perhaps the hon. gentleman can show me some way in which veterinary officers can be brought into that amendment?

Mr. FIFE said: I shall be satisfied with that.

Mr. POTTIE said: Would it be possible to bring in this addendum: "That sanitary officers may be free from their present liability in respect of their efforts to prevent the sale of tuberculous milk." (Cries of "No, no!") I might mention that yesterday the Medical Officer of Health of Warwick was the subject of a vexatious slander action in the execution of his duty.

The CHAIRMAN said: I think I shall have to ask you to postpone that amendment, as it is a difficult matter, and one dealing with law.

Sir JAMES CRICHTON-BROWNE, the proposer of the seventh Resolution, said: My Lords, Ladies and Gentlemen,—The resolution I have to propose is: "That the educational work of the great National Society for the Prevention of Tuberculosis is deserving of every encouragement and support. It is through their agency that a rational public opinion may be formed, the duties of public health officers made easier of performance, and such local and State legislation as may be requisite called into existence."

I think two words inscribed on the banner of this Congress, if it happened to have one, would be "Prophylaxis and Sanatoria." No doubt under each of these there are diverse measures and operations included, but they can all be classified under Prevention and Cure. Indeed, I think I could sum up the story of this Congress and the aim and work of our National Association in one word—"Enlightenment": enlightenment of our towns and dwellings, of our slums and hovels—for with the sunshine comes fresh air, and before their combined forces disease-breeding bacteria fly away—enlightenment of the minds of our people, so that prejudice and ignorance may give place to an intelligent and rational knowledge of the causes of disease, and of the means by which they may be removed and counteracted. (Hear, hear.) Now in this work of enlightenment our National Association has done great work, indeed, I may say that since its origination, since the time when the King gave his countenance to it about two years ago, its progress has been phenomenal; and I think I may add that His Majesty has given a new impulse to our work by the kind, gracious, and encouraging words which he spoke yesterday. When His Majesty the King studies the reports of this Congress, as he says he will do, he will, I think, find that the spirit animating it has been one of hope and confidence. There have been no dismal forebodings, no sceptical questionings, no faltering actions. On all hands we have heard words of encouragement and sanguine anticipations of success, and I am sure that the note sounded in that magnificent address of Professor Koch, to which we listened on Tuesday, is calculated to inspire us with hope and courage in the work. I do think this great Congress is an episode in the work of the National Associations; but if they carry on their work in the future as they have hitherto done, we may look forward to that happy time when tuberculosis will be actually abolished, and will be only a painful and terrible memory of the past. (Hear, hear.) If the progress of science and of experimental research is left unembarrassed, we are not without hope of ultimately obtaining a remedy of that dread disease which His Majesty mentioned yesterday with so much feeling. Our National Association has carried on this great work of enlightenment and of education, and I have very great pleasure in proposing this Resolution.

Dr. HILLIER, of London, who seconded this, spoke as follows: I can assure you I consider it a great honour to have been asked to second this Resolution. I do so with very great pleasure, and with the strong assurance that in seconding it I am supporting one of the most important resolutions which has been submitted to you this afternoon. As one of the editors of our journal, a great deal of the correspondence in connection with the Association has come in my way, and I have therefore been kept intimately informed of the work which is being done throughout the countries by the branches of this Association. I take it that in all measures, social or legislative, which may eventually be taken against the abuses associated with the spread of tuberculosis, the first and great essential factor in the problem is that public opinion should be with us. And in order to have public opinion with us it is necessary that the

public should be informed in plain English what it is it is asked to do. That work it has been the special function of our Society and of other similar societies to perform. I take it that the Government, as someone has said, may be regarded as a ship. The wind which fills the sails of that ship is the breeze of public opinion, and it is the special function of this and similar associations to fan that breeze. If there are any of you here who are not members of the Association, I trust you will give the matter your earnest consideration. The work of education is not only being done in this country, but similar work is being done in France, Germany, and in fact throughout all the civilised countries of the world. I hope and believe it will continue until this disease of tuberculosis is at least brought as completely under control as small-pox, if it is not driven away altogether, like leprosy, from every civilised country. In that belief, ladies and gentlemen, I beg you to support this Resolution, which I have much pleasure in seconding.

The Resolution was then put, and carried unanimously.

Sir WILLIAM BROADBENT said: My Lords, Ladies and Gentlemen,—The Resolution which I have to propose is—"That this Congress is of opinion that a permanent International Committee should be appointed—(*a*) to collect evidence and report on the measures that have been adopted for the prevention of tuberculosis in different countries; (*b*) to publish a popular statement of these measures; (*c*) to keep and publish periodically a record of scientific research in relation to tuberculosis; (*d*) to consider and recommend measures of prevention. This Congress is further of opinion that such a committee should consist of representatives to be elected by the great national societies formed for the suppression of tuberculosis, and also representatives nominated by the various Governments. It is further of opinion that all International Committees and great national societies whose object is the prevention of tuberculosis should be invited to co-operate."

This Congress is doing magnificent work; it is exciting public interest and spreading information. The benefits of this work are not confined to the vast assemblies which have met here and in St. James's Hall, and to the great work which has been done in the different sections; the influence of a Congress like this is not limited even to those who will be reached by the record of its proceedings. Its influence is seen already out of doors. Nothing is more striking than to see the headlines of our halfpenny newspapers—"Dangers of Spitting," "Necessity for Cleanliness," etc. In matters of this kind I think the usefulness of a Congress like this is of enormous importance. But it is not merely by occasions of excitement like this that tuberculosis is to be combated. A Congress may represent a pitched battle and a great victory; but the real work is done in marching, counter-marching, and arranging. What has to be done is to make this work continuous—not continuous only by individual associations such as our own, the National Association for the Prevention of Consumption, but to co-ordinate the work of all associations in every country, so that no work which is done in one

country may be confined to that country, but that it may reach every country. It is to this continuous campaign against tuberculosis that the Resolution I have the honour to move is directed. It has been carefully thought out. Every one of these measures has its special purpose, its special object; and I think the Congress will cordially agree to this proposal that a permanent International Committee should be appointed to carry on the work which has not been begun here, but with regard to which an important part has taken place here.

M. BROUARDEL said: I very gladly rise to support the Resolution which Sir William Broadbent has put to you. I feel convinced, and have already spoken on this point, that we ought to know of all the efforts which are being made by other countries in order to profit by them in our own. But this cannot be accomplished unless we have somewhere a general bureau, a general international association to collect information from all parts. If this association is very active, and also if it finds equally active correspondents in the different nations, we may be assured that, by the co-operation and amalgamation of all associations and the power which they possess, we shall have made a great advance in the struggle against tuberculosis.

The Resolution was put from the Chair, and carried unanimously.

Professor CROOKSHANK said: My Lord Derby, my Lords, Ladies and Gentlemen,—I shall be very brief in proposing the Resolution standing in my name: "That in the opinion of this Congress overcrowding, defective ventilation, damp, and general insanitary conditions in the houses of the working classes diminish the chance of curing consumption, and aid in originating and spreading the disease."

The Resolution is a purely uncontroversial one, and will, I venture to think, meet with very wide acceptance. After such a Congress as this, it is a matter of general knowledge that the inoculation of tubercle bacilli into perfectly healthy experimental animals will invariably induce tuberculosis; but you must not go away with the impression that therefore every individual who may come into contact with the tubercle bacillus must necessarily fall a victim to that disease. The human subject is very differently organised, and there must be a very large measure of insusceptibility, otherwise it would be quite certain that we should all fall victims to the disease, considering the prevalence of the tubercle bacillus. We recognise that there are certain predisposing causes, and therefore we must not confine our attention to the tubercle bacillus alone, but we must pay much more attention to other factors in the production of tuberculosis. Professor Brouardel in his eloquent address pointed to the effects of intemperance as a predisposing cause of tuberculosis. We know that illnesses of various kinds and colds, chills, and excesses—conditions which lower the vital resistance of the body—predispose to tuberculosis. It is obvious, therefore, that we shall do right in supporting a resolution which will diminish the conditions which predispose to tuberculosis,

and diminish also the opportunities for infection. This Resolution will greatly strengthen the hands of those who desire to see the better housing of the working classes. This question is not one which merely affects slums in cities, but it is one which is very pressing in rural districts. I speak as one living in the country, and those of you who live in the country know very well the kind of dwellings and cottages to which I refer. It goes against one's artistic feelings to point out these things, but we know perfectly well in the country how many most attractive cottages are in a state of artistic decay. We admire the roses in the garden, and the honeysuckle which climbs over the porch; but when we go into those cottages we find them with low ceilings and very badly ventilated; we find them in some cases with floors of cold paving-stones, and with damp walls with the paper peeling off, and even with green and black fungi making their appearance on the walls. Those are the conditions which are favourable to the development of bacterial flora, and they are the conditions which we must get rid of to prevent the growth of the tubercle bacillus. (Applause.)

Dr. THEODORE WILLIAMS said: Ladies and Gentlemen,—It is with great pleasure that I second this Resolution, and I do so very strongly, because I think the subjects contained in it have not quite sufficiently been looked after in the midst of other subjects. We have been talking about the sputum; we have done a great deal to do away with contagion, and so forth; but we have almost forgotten the leading, the great causes which bring about the state of things called consumption. It is not because the tubercle bacillus attacks a man that he dies of consumption. There are lots of men and women into whom the tubercle bacillus gets, but they are not attacked at all. It is because he or she gets into certain depressed conditions, from various predisposing causes, that he or she is the subject of attack. It is the milliner, the tailor, and the printer, living under certain conditions in badly-ventilated rooms and without sufficient food, who fall an easy prey to the tubercle bacillus, which seizes hold of them and does its fearful work. My friend Dr. Denison spoke very sensibly this morning in one of the sections with regard to this matter. He said, supposing every individual in this great city had two thousand cubic feet of air to himself, it is very doubtful whether he would get consumption at all, because he would have plenty of air. But people do not have two thousand cubic feet of air. The great mass of humanity, certainly in this city, live within a very small number of cubic feet of air, and it is these predisposing conditions which make the individual ready to receive the bacilli attack. If you can improve the surroundings of working men, insist upon a larger air space, more appropriate food, and the avoidance of damp, you will go a long way towards the abolition of consumption. To do that is quite as important as doing away with spitting. It is all very well to do away with spitting, which is very wrong, and no doubt does a certain amount of harm, but if you would ventilate people's rooms and give them good food, you need not be so particular about other matters. I have great pleasure in seconding the Resolution.

Mr. ST. JOHN ACKERS here interposed: I should like to appeal to the mover and seconder of this Resolution, and ask them to kindly consider whether to the lay mind the word "originating" will not be misleading. I would suggest some such word as "predisposing," or whatever the proper word might be. At other meetings of the Congress it has been distinctly laid down that you cannot originate a disease without the germ. I think to the lay mind that Resolution, as it stands, might be misleading. I earnestly hope that this slight alteration will be made.

The amendment was then put and carried, the Resolution then reading as follows:—

"That in the opinion of this Congress, overcrowding, defective ventilation, damp, and general insanitary conditions in the houses of the working classes, diminish the chance of curing consumption, and aid in predisposing to and spreading the disease." This was put in its amended form and carried unanimously.

Dr. DENISON (Colorado) here interrupted: May I be permitted to suggest the addition of a single clause to this Resolution? We do not know what adequate ventilation is. It seems to me that this addition would make the Resolution more complete: "That it is extremely desirable that adequate and thorough investigation be made to definitely determine the minimum air space necessary for healthful life in living-rooms, halls, schools, and workshops for various classes of human beings, to the end that a groundwork for legislation may be provided, and, so far as ventilation and sunlight can accomplish it, tuberculosis be prevented."

The CHAIRMAN: The Resolution with regard to ventilation has just been passed, and I am afraid I must rule your addition to it as being too late.

Mr. MALCOLM MORRIS (*Hon. Secretary-General*): The last General Resolution will be moved by Professor Brouardel, and seconded by M. Calmette. It is as follows:

"That while recognising the great importance of sanatoria in combating tuberculosis in all countries, the attention of Government should be directed to informing charitable and philanthropic individuals and societies of the necessity for anti-tubercular dispensaries, as the best means of checking tubercular diseases among the industrial and indigent classes."

M. BROUARDEL said: I rise to support the Resolution proposed by MM. Calmette, Landouzy and Letulle, in the name of the First Section.

It aims at treating tuberculosis at the outset of the disease. Experience has taught all doctors, from Hippocrates down to the present day, that a neglected cold may end in tuberculosis. This fact has been forgotten or overlooked for several centuries, but to-day we return once more to its consideration. But when a labouring man coughs or catches cold, he does not know that he is opening up the way for tuberculosis. He must be visited and

shown how to take care of himself; there must be dispensaries where he may be treated, and where he may obtain the necessary nourishment, and his family must be provided for while he is out of work. He should be taken into a dispensary before being sent to a sanatorium. These measures are especially necessary in industrial centres. These conditions, I believe, would prove powerful weapons in our hands against the disease, and experience has shown M. Calmette and other doctors that when a foreman or a workman tells any of his companions whom he hears coughing that he knows of a place where he can receive special treatment, he willingly goes, and the new dispensaries are more likely to be threatened with too many than too few patients. In voting for this Resolution, therefore, we may produce great good, and certainly can harm no one.

M. CALMETTE said: I have already explained in the First Section what are the aims and special functions of dispensaries such as I have established at Lille, a typical industrial centre. I believe that the propagation of these dispensaries is the first step we should take for the effectual undertaking of the struggle with tuberculosis in large communities. It is not sufficient to found sanatoria even in large numbers, because in these sanatoria we can only admit a limited number of tuberculous cases. We must choose for preference curable cases, that is to say, those in early stages.

When we have built dispensaries and treated curable consumptives, our social work will not be accomplished; we must then occupy ourselves with those who are not tuberculous; we must occupy ourselves with the education of the people of the industrial classes. This will be the work of the dispensaries. We must set them to work, not by medicine, not even by educated men going to the assistance of the patients, but by winning the collaboration of working men, prepared to go and spread among their companions the principles of a practical sanitary hygiene, by means of simple lectures suitable to their intelligence, and by good example. Under these conditions only can the dispensaries be actively efficacious. I repeat, this first step must precede the foundation of sanatoria, which should, however, accompany them and complete the work of the dispensaries.

The Resolution was agreed to.

Mr. MALCOLM MORRIS then said: There is one more motion, which is not, however, quite a Resolution in the ordinary sense. It is as follows:—

"That the following question be submitted for the consideration of the next Congress on Tuberculosis: The constitutional conditions of the individual which predispose to tuberculosis, and the means by which they may be modified."

Dr. ROBIN said: I beg to support the Resolution. We are all more or less exposed to tuberculosis, yet we do not all become tuberculous. This is because for its development a particular soil is needed, and special conditions of the organism which cause it to become suitable to the development of the

microbe. The conditions of the organs which predispose to its development are—heredity, alcoholism, different forms of debility known as organic decline, hereditary or acquired. But these conditions are united by a bond which is still unknown, but details of which we are beginning to be acquainted with. These are the particular troubles at the period of changes. It will be interesting to discover whether they can be modified by hygiene or by appropriate therapeutics, but if the problem were solved one could add to the treatment prescribed and usually employed by the Académie de Médecine, and individual treatment, which would make it possible to study the constitution of individuals suspected of a predisposition. The prophylaxis would not be complete without a concurrence of the two elements. Thus I give my support to this Resolution, and beg the Congress to adopt it.

Sir WILLIAM BROADBENT said: I have much pleasure in seconding this Resolution. Its object is to direct attention to a point which has been somewhat neglected or lost sight of up to the present. No one could have imagined that so much could be said about tuberculosis, or that its effects could be so varied as we have seen in the Museum upstairs. The part played by the tubercle bacillus has been fully discussed; its presence in sputum, and possibly in other media; the way in which the soil is prepared by bad hygiene, by imperfect ventilation, and by alcohol. All these have been fully discussed, but there has been left out of sight altogether the individual predisposition. As Professor Robin said just now, we are all more or less exposed to the tubercle bacillus. I suppose there is no one in this room who has not inhaled millions of tubercle germs. Some of us contract the disease; others do not. And there is a reason for this, quite outside the predisposing causes which have been enumerated—bad ventilation, bad food, and bad habits of all sorts. This, then, is a subject for further investigation. With regard to individual predisposition, we know that heredity was supposed to play a very important part in consumption. We have dismissed heredity as such, but there is something in the idea that in one family the members suffer from consumption, while in another family they do not, and there remains for investigation this individual predisposition. Already there is an indication that we can identify those people who are predisposed to tuberculosis, and possibly if before the actual implantation of the disease those individuals can be identified, something can be done, not merely to cure them when they get the disease to which they are predisposed, but to prevent them getting it altogether. It is therefore with great pleasure that I second the Resolution which directs the attention of any future Congress to this important subject which has been suggested by our distinguished colleague, Professor Robin.

The Resolution was put and carried.

Mr. CAMERON asked: I should like to ask whether the Veterinary Section has no Resolutions to propose?

The CHAIRMAN replied: No Resolution has been submitted, as far as I am aware, from that section. Of course it is open to anyone in the meeting to move it.

Mr. BOWEN-JONES (Shrewsbury), rising from the body of the hall, said: My Lord, Ladies and Gentlemen,—I am rather surprised to hear from the Chairman that no Resolutions have been laid before the Committee of Selection from the Veterinary Section, because a series of Resolutions and suggestions with respect to future legislation with regard to milk and meat were almost unanimously accepted by that section of this great Congress. Those Resolutions were submitted to that section by myself, and were very fully discussed, both on Wednesday and Thursday. It was my belief when I came into this hall that those suggestions would be brought forward by the Chairman of the Veterinary Section of this Congress. But as that has not been done, and as a subsequent Resolution dealing with this branch of the question, which was proposed by Sir Herbert Maxwell and seconded by Earl Spencer, was passed, and as after that another Resolution was accepted which practically asked for an inquiry into the questions as to the accuracy of Dr. Koch's views, it appeared to me that I should be almost ruled out of court if I suggested further legislation at the present moment. The Resolutions are in the hands of most of the members of this Congress, and if your lordship thinks they are in order I shall be prepared to propose them. But if not, I will of course submit dutifully to your ruling, and take the opportunity on some future occasion, when this difficult question is settled one way or another, of submitting them to a future meeting of this Congress or some other body, which will enable them to be brought into law. (Cheers.)

The CHAIRMAN said: Perhaps I had better explain that the Resolutions which have come before this meeting to-day are Resolutions which have come up from the sections, and have been passed by the Executive. There are a large number of Resolutions from the sections which time renders it impossible to deal with. These Resolutions from the Veterinary Section, while I admit their importance, go into considerable detail and into subjects of controversy, and it was thought it would be difficult to properly discuss them in so large a meeting as this. There was no intention, I am informed, of setting them aside, and it is simply for the reason I have given that they are not on the agenda to-day. It is perhaps not known, but I speak on authority, that a number of these Resolutions which came from the sections have been sent to the persons to whom they are of interest, and will be published in the proceedings. It is only for the purpose of convenience that we did not bring matters of great detail before a meeting like this, where we are dealing rather with questions of great principle upon which assent has to be obtained or refused, and which do not lead to prolonged discussion, which would be impossible here. I hope my honourable friend will be satisfied with this explanation.

Mr. CHRISTOPHER MIDDLETON asked: Are there not points of very great difference involved in this question?

The CHAIRMAN replied: Undoubtedly there are points of very great importance indeed involved in this question, but they are points which the executive held could not be well discussed before so large a meeting as this. Many of them are extremely technical points, and points upon which there might be great difference of opinion, which might entail a very prolonged discussion. It was therefore thought that unless we were to have an adjourned meeting it would not be possible to deal with them.

Mr. CHRISTOPHER MIDDLETON said: I would ask that the opinion of this meeting be taken upon the point of principle, without going at all into details.

Mr. BOWEN-JONES said: On behalf of my colleagues in the Veterinary Section, after the statement your lordship has made, and the assurance given us that these matters will be fully considered upon some other occasion, and will be published, I wish to say I shall be fully satisfied if these Resolutions are withdrawn at the present moment.

The CHAIRMAN replied: I have to thank Mr. Bowen-Jones for his consideration to the meeting.

Dr. ALFRED HILLIER, as Honorary Secretary of the Reception Committee, then spoke as follows: My Lord, Ladies and Gentlemen,—I have the honour to report that the cordial hospitality extended to members during the Congress by a number of ladies, noblemen, and gentlemen in London has rendered the duties of the Reception Committee a most agreeable task.

I desire on behalf of the Reception Committee to express our sincere thanks to—

The EARL and COUNTESS OF DERBY.
The DUKE and DUCHESS OF NORTHUMBERLAND.
The LORD MAYOR OF LONDON.
Sir WHITTAKER ELLIS.

We are also indebted, for kindly receiving members at their houses, to—

The DUKE and DUCHESS OF WESTMINSTER.
Sir JAMES BLYTH.
Mr. ALFRED DE ROTHSCHILD.
Mr. ALFRED BEIT.

And to—

The DUKE OF SUTHERLAND, the EARL OF ELLESMERE, and Mr. JULIUS WERNHER, for allowing visitors to view their private art collections.

The reception and entertainment work of the Congress has received the most able and energetic support and assistance of the Ladies' Reception Committee. For the work of this committee the Congress is under a deep sense of obligation to its distinguished and gracious president, the Countess of Derby. The Congress is also much indebted to Miss Lankester, the honorary secretary, and to Lady Priestly, Lady Broadbent, Mrs. Malcolm Morris, and all the other ladies constituting that committee.

I take this opportunity to publicly thank the following clubs for kindly extending privileges to members of the Congress:—

The Junior Constitutional Club.
The National Liberal Club.
The German Athenæum.
The Ranelagh Club. (Cheers.)

Professor CLIFFORD ALLBUTT said: With your permission, sir, I should like to second the motion for the adoption of the Report which has just been read. Any person who has had any concern whatever in getting up any movement, especially in a very large town, still more in a great country, will know that certain individuals must be depended on who are both able and willing to take up a very great deal of laborious work, which even now, after that Report has been read, must in its greatest part remain entirely unknown to you, and I fear the only reward of those who have done it must be in their consciences. You have heard many names; it would be impossible for me, much as I should like it, and much as you would wish in a sense, to name in particular the work which has been done, but I think it would be very difficult for me to avoid making a definite allusion to Lord Derby for his personal interest in this matter. It would be quite consistent with Lord Derby's position, both outside and within this Congress, had he been satisfied to attend this meeting, with which he was officially concerned as Chairman. Lord Derby and Sir Herbert Maxwell, and others who do not belong to the medical profession, and have been able to bring great influence to bear on this occasion, have not been content with that; they have attended other committees and meetings with which they were not directly personally concerned. That is one of the many ways in which it has struck me, and I am sure struck everybody who has had anything to do with the work of this Congress, the singular devotion which has been given by our Chairman to this work—devotion which cannot have come from mere goodwill only, but from a very strong conviction of the immense importance of this work, and from a highly intelligent appreciation of the conditions under which it has had to be carried out. (Cheers.) I think, ladies and gentleman, his lordship will forgive me for singling out his name on the present occasion. He would, I know, wish me to add that this work has been seconded in a very remarkable way by many gentlemen, who, I believe, do not wish me to mention their names; but it would be very difficult for me to sit down without making at any rate a reference—a reference will be sufficient—to the Honorary

Secretary-General, Mr. Malcolm Morris. (Cheers.) I should like to say that I have taken it upon myself to make this reference to him—perhaps somewhat against his will—but I think you would feel I had not done my duty properly were I not to ask you to express a personal vote of thanks to him also on this occasion.

M. BROUARDEL: There rests with me the very agreeable duty of telling the members of the Executive Committee of the Congress, in the name of the foreign delegates, how great their success has been and their kindness to us. We shall always remember the reception we have received. The Committee have provided at all our places of meeting all possible means to render our stay agreeable. We have been much touched by these testimonies of friendship. I do not wish to dwell on the serious work of the Congress, to which, however, the Committee have so ardently devoted themselves and in which they have so plainly succeeded. Also, we—I speak for all those to whom I have spoken on the subject—will preserve a grateful remembrance of the Committee and its very friendly reception of us. Gentlemen, I trust that these friendships begun in London will not be forgotten, and I had much pleasure, at the first meeting, in inviting you, in the name of the President of the French Republic, to the next Congress on Tuberculosis to be held in Paris two or three years hence. I say two or three years, because my neighbour, the delegate from Spain, remarked that in two years a Congress of General Medicine will be held in Madrid, and two Congresses held at the same time might prove inconvenient. But there is one thing I am particularly anxious about, and that is that the Congress in Paris shall be a successful one, and I make so bold as to ask Lord Derby, the President who has so ably directed and governed the lengthy preparations for the Congress in London, if he will accept the office of President of a Committee of the Englishmen willing to participate in the Paris Congress. If Lord Derby will accept this task we shall be profoundly grateful to him, and I am sure that after the Congress in Paris our gratitude for his valuable and generous aid will be still more deep. Once more we offer our hearty thanks to the Committee, and can only repeat that we have been welcomed here in a manner which we shall never forget.

Professor Dr. GERHARDT, speaking in his own tongue, said: My Lord, Ladies and Gentlemen,—The allied Governments of the German Empire have, in answer to your kind invitation, sent two representatives here. Numbers of members of societies, as well as private doctors, inspired by the interest of the subject, have followed their example. You can see from that how great is the eagerness in our land to join the fight in this world-wide contest against this crushing disease of the human race. You can see from that how great is the sympathy for this Congress in our country. We doctors have landed on your coasts with a feeling of reverence and gratitude; we thought of Harvey's great discovery, on which stands the whole of the physiology of to-day, and of his specimens preserved with such care in the rooms of the Royal Society.

Was it not in Great Britain that murderous public pestilence was driven back, "as the wolf is by the hound," said Edward Jenner, after he made his first inoculation fifty years ago, and thereby reduced small-pox, then in the highest rank of epidemics, to the lowest rank. His inoculation was and is the model of all combating of epidemics by inoculation.

We thought, further, that Lord Lister alone is to be thanked for the power of modern surgery, which indeed is so powerful in the contest with external tuberculosis, for he has founded antisepsis, out of which asepsis developed. (Cheers.) We thought of the high position of the doctor's profession in your land, and of the hygienic habits and arrangements which have grown so strongly into your country, and to what you have already attained in the contest with tuberculosis.

Now we part from you with a feeling of thankfulness for what we nave learnt, for the many inducements to fresh work and fresh investigations. do not know how to thank you for the warm, lavish, heart-stirring hospitality which we have found here in your land. (Applause.) We can only do it by going away and spreading and carrying out in our lives the learning we have received here. (Here Professor Gerhardt continued in English.) We leave London hoping and believing that this third Congress on Tuberculosis, held under such auspicious circumstances in a country whose customs of life and institutions are so highly developed, may amply contribute to the public health of this rich and beautiful country, and that its success may be beneficial to the welfare of all the world, and that its memory should be a diamond in the crown of its high patron.

Mr. MALCOLM MORRIS, rising to return thanks, said: I am permitted, ladies and gentlemen, the great privilege of returning thanks on behalf of the Executive of this Congress, and in doing so as Secretary-General I should like to mention in a very few words the names of some of those who have been my most important lieutenants. In the first place, it would have been impossible to organise this Congress had we not had the co-operation and help of my friend Dr. StClair Thomson, the Honorary Foreign Secretary. (Cheers.) Immediately following I would mention Dr. Hillier, the Honorary Secretary of the Reception Committee. And now I would speak for one moment, if you will allow me, of the indefatigable and most remarkable work which has been done by Dr. Jobson Horne in preparing the Museum. (Cheers.) It is a labour which ought not to go without very marked recognition. Dr. Jobson Horne began seven or eight months ago to prepare for this Museum. I say that in the making of museums he is a master. He has done it before, but he has eclipsed himself on this particular occasion. As far back as last Christmas he went to Berlin, and he interviewed everybody there who had any specimen worth talking about in connection with tuberculosis, and he managed to extract from our friends in that city all the remarkable specimens you have been able to witness during the last few days. That alone was a very remarkable work. But since that time he has compiled—burning necessarily a very large amount of midnight oil in order to do it—the

very able, accurate, and most instructive catalogue which you have had the opportunity of possessing. (Cheers.) I must also express my thanks to Mr. Swithinbank and Mr. Cutler for all that they have done, and also to my friend Sir Arthur Trendell, without whose services much of the real value of this Congress would have been useless. I have also to thank, though I cannot mention them by name, a number of indefatigable ladies and gentlemen who have assisted me as clerks in the preparation of this Congress. Without their devotion and energy—especially that of the ladies—it would have been impossible to have coped with this very large undertaking. (Cheers.) Lastly, I have, as Secretary-General, to thank the distinguished nobleman who occupies the Chair. (Cheers.) It would have been a perfectly impossible task for a humble individual to have attempted to get up a large Congress of this character—in all questions where tact was required and where judgment was wanted—if I had not had the opportunity at all times and every day of consulting Lord Derby. (Cheers.) There has never been one single moment during the last fifteen months that I have had the smallest shadow of difficulty in obtaining Lord Derby's assistance. In all points of difficulty I have gone to him, and it is due in the main to his advice that this Congress has been the success which it has. (Cheers.) I may mention what may seem a trivial, but to me a very important matter. On three occasions I have entered Lord Derby's house at half-past eight in the morning; I have caught his lordship on his way to his breakfast, but I have left the house at half-past eleven or twelve, and he has never had his breakfast at all. (Cheers and laughter.) That a nobleman in his position would sacrifice his personal comforts, would give up his time, and assist in the work of this Congress – all that I have to say is, that it is a most remarkable and encouraging feature. (Cheers.) I wish in my last word to say that if anybody congratulates me, it must be remembered that the congratulations are due to all my coadjutors, who have been so loyal, faithful, and true in assisting me to carry out this work. (Loud cheers.)

The CHAIRMAN, in reply, said: I must ask you, first of all, ladies and gentlemen, to consider that the view which Mr. Malcolm Morris has been kind enough to take of my part of the performance has been seen under a very powerful magnifying glass. When he spoke of other matters I rather wondered at one moment whether he was going to indict me before the Anti-Tuberculosis Congress, and whether an occasional absence from breakfast was part of the infringement of the *régime*. (Laughter.) That not being so, I will only thank him and my other colleagues once more most sincerely, as we all do yourselves for your attendance. I now pass to that object for which I particularly desired to rise.

Lord Derby then addressed M. Brouardel as follows:—

"Je remercie, M. le professeur Brouardel, au nom du Congrès et au nom de mes collègues du Comité, des paroles gracieuses qu'il a bien voulu nous adresser, et de l'appréciation flatteuse qu'il a émise sur le Congrès de Londres.

"Nous acceptons sans hésitation l'aimable invitation qu'il nous a adressée de la part de M. le Président de la République française, et je le prie de lui donner l'assurance que la Section britannique fera son possible pour assurer la réussite du Congrès de Paris. Nous espérons avoir le bonheur de travailler encore ensemble à Paris dans la lutte contre la tuberculose."

Prolonged applause greeted the conclusion of the Earl's speech, and the audience dispersed, this being the termination of the business of the Congress.

BANQUET.

FRIDAY, JULY 26TH, 1901.

ON Friday evening a banquet was given in the Hotel Cecil in honour of the Foreign, Indian, and Colonial Vice-Presidents and Delegates. Nearly two hundred and fifty members sat down, and the Chair was taken by the RIGHT HONOURABLE THE EARL OF DERBY, K.G.

The first toast, "His Majesty the King," was proposed by the CHAIRMAN, who said: My Lords, my Lord Mayor, and Gentlemen,—I rise to propose the first toast, which is drunk alone, a custom which, I believe, is followed in all other countries. There is a special interest on this occasion attaching itself to the health of our Sovereign the King, because, but for the lamented event of a few months ago, we might have hoped to have him standing here as your President and giving to the Congress that personal attention, that warm support, that ever-ready assistance which, I am certain, His Majesty would have given on this occasion. (Cheers.) We have to speak of a King whom his country not only respects but loves—(cheers)—who commands not only the allegiance but the regard and the affection of his subjects; and he can claim for himself that he has, in a long course of years, made, not by the help of others, but for himself, that great position which he occupies amongst his countrymen. (Cheers.) I do not speak of the official position as monarch of this country and the Greater Britain beyond the seas, but I speak rather of one who, during his long period, as I may also call it, of probation as Prince of Wales, was the first in England to perceive how much good could be done by one ever ready to serve the interest of his fellow-countrymen wherever his presence was asked, and who, at great sacrifices often to himself, has never refused, on a reasonable occasion, to take part in that which interested his subjects, whether it were great local works, or whether it were special works of charity, or work such as this Congress. (Cheers.) Our constitution, as I daresay most gentlemen do not require to be told, does not allow the heir-apparent to the throne to take any active part in politics. He should keep himself on equal terms with all sides and all parties; and it is an especially difficult matter for one who had, I may say with all respect, arrived at middle life to have kept for all these years entirely clear of political entanglement, and to have devoted his energies to that good work which no one could challenge, but which could be approved. (Cheers.) The King, as Prince of Wales, was early in the field in seeing the importance of the great subject which has brought us all here together; and from the date he called the meeting at Marlborough House of those interested in such questions, now some three years ago, he assumed a position in respect to the question of tuberculosis which, I do not hesitate to say, has done more than almost anything else to

bring the question to prominence in this country. (Cheers.) I speak with the knowledge that although there were sanatoria in the country, establishments which could hold their own, I believe, even at the present time, still there was no general movement, no united campaign, to crush the enemy, not at one point, but all. That was the strength of this movement against tuberculosis; it enlisted on all hands those who were ready to help, whether by their knowledge, their authority, their means of helping others, or their ambition for performance in the field of science—it brought them together and solidified that which might have been the effort of united parties into the effort of one vast and united army; and I do not hesitate, standing here amongst men of science, to claim for our King that he has been foremost in this movement in this country. (Cheers.) I speak, of course, with all regard to those whose knowledge assisted him, who helped and guided him; but the moving spirit, the untiring genius at that moment was the King himself, and when the time comes for him to go down to his grave, honoured and respected, he will have no prouder claim to what he has done for his country than the efforts he has made in the cause of destroying this fell disease. (Cheers.) As loyal subjects and as loyal friends I know you will drink the health of our King with ample enthusiasm. (Cheers.) I wish it had been possible for him to be amongst us; but we know that almost his last utterances have been his sympathy with us and the hope that the great effort of the medical profession with regard to combating and overcoming the disease may be followed by other efforts in almost as deadly a field; and then I hope that we, working together, not as allies, but, let me say, as brethren in arms, may carry forward this war against disease, against ignorance, and against neglect, and assist our King in the great though peaceful triumph which tends alike to the honour, happiness, and prosperity of his kingdom, and, as we believe, to the advantage and health of the world. (Cheers.) I give you, upstanding if you please, the health of King Edward VII., the Patron of this Congress.

The toast was drunk with musical honours.

The CHAIRMAN then rose again and proposed the next toast in the following words: We drink the health of the Queen and the Royal Family next, gentlemen, separated but by a short interval from that of the Sovereign, but nevertheless a separate toast. Of Her Majesty the Queen, who can speak without reverence and respect? (Cheers.) There are countrymen of her own present who can say with pride, though not with astonishment, that Her Majesty, from the day she first came over to this country, carried away the hearts of her people as her forefathers had sometimes carried away their goods—(laughter)—and by a peaceful conquest brought this realm as completely under her sway as was compatible with the situation which she then occupied. As the consort of our Sovereign, under the special circumstances of the sad position and great grief which is cast for the time over the Royal Family, Her Majesty has not been able, any more than others, to take part in many of the more stirring events of public life, but it is noteworthy—

the reflection came to me this evening, and I have verified it since—that the two public occasions on which our Queen, as Queen, has made her appearance, have been in respect of ceremonies connected with the giving of medals to nurses who have served abroad, and to those who have obtained certificates of honour at home. (Cheers.) We can claim, therefore, that Her Majesty, no less than her Royal consort, has sympathy with the work in which this Congress is engaged. The Duke and Duchess of Cornwall are also named in this toast. The Duke and Duchess are engaged at this moment in that tour of the world which I believe the King, as Prince of Wales, was one of the first to originate, and which has now become, I had almost said, a fashionable amusement amongst the Sovereigns of Europe. With us it is a necessity, and pleasant necessity also, for Greater Britain has a right to be visited by those who are connected with the throne, so that when the Duke, in his turn, comes to the throne he may know that he is not speaking of those with whom he is not acquainted, but has that personal correspondence with them which we think should exist in a free country between the Sovereign and the people. We drink, in this country, the health of our Queen and Royal Family only second to that of the Sovereign. There are many speeches to follow, and without further preface I give you the health of Her Majesty Queen Alexandra, the Duke and Duchess of Cornwall, and the rest of the Royal Family. (Cheers.)

This toast was received with acclamation.

The EARL OF DERBY proposed next a toast to our foreign guests: My Lords and Gentlemen,—The toast which I have to propose now is one to which I am sure all Englishmen will do the greatest honour. I beg you to drink to the health of our foreign guests. (Loud cheers.) When we consider who those guests are, surely nothing is required to stimulate you in this matter, and for once let people see that the Englishman is not so cold as he is supposed to be. (Cheers.) To those who have come, at inconvenience to themselves possibly, and who have brought to this Congress the tribute of their knowledge, the result of their experiments, the help which they can afford by suggestion and by example to brethren of their profession, we worthily pay honour, and we are glad to think that this Congress is not representative of one but of many countries, and that it is a great international movement in which we can join with freedom and at the same time with a sense of comradeship and of support which must help on the movement in which we are all engaged. (Hear, hear.) We recognise, as we are bound to do in common candour, that we were somewhat behind in the race at first, that we had to borrow many of our ideas from foreign countries, that we had to copy much which was done, and that we had to try and emulate those undertakings which had been successful elsewhere. In sanatoria, in the arrangement of hospitals, in the separation of patients, in the separation of those who hardly come within the class of patients, we have learned, as we hope, many lessons, and from this Congress we trust that the combination of talent which has been brought together, with the friction as it were of the

various wits which have been brought round our council board, will produce that result to which we look forward, and that the conference in itself will not be barren, will not pass away like one of the things of the moment, but will leave behind it an abiding good. (Cheers.) When I look at the formidable list—formidable only in number—of the gentlemen whom I shall have to call upon in turn to answer for their respective countries, I see I must not take up your time; but this you will allow me to say on behalf of ourselves at home, that while we thank our foreign guests for having come to us, we are not satisfied only with that, but we would ask them, and we say it from our hearts as well as from our lips, to remember the cordial invitation we extend to them to come again. (Cheers.) We are cold perhaps—some say phlegmatic. Our "good-bye" conveys a wish for the future happiness and welfare to the individuals to whom we say it; but we must go to other countries, where emotions are better understood or better expressed, for the "au revoir" or "auf Wiedersehen" which we in our hearts desire to utter. We hope, gentlemen, that you who have come amongst us, who have honoured us with your presence and your counsels, will be tempted on some future occasion once more to cross the seas; and I am sure, on behalf of those who may succeed me in my office, I can say that you will on all occasions experience the same hearty and sincere welcome which we endeavour very humbly and imperfectly to give you at the present time. (Cheers.) I must not sit down without making, on behalf of our direction, their humble apologies for some of the shortcomings which may have taken place, both at our Congress and possibly to-night. My colleagues one and all have been fairly overpowered with work; and if everything has not been perfectly arranged, and has not gone like clockwork, you in the kindness of your hearts will overlook these matters, and know that the will was there, however imperfect has been the response. (Cheers.) And now, gentlemen, let me thank you once more on behalf, not only of ourselves, but of our country, and not only on behalf of our country, but on behalf of the world, for the magnificent array of men of distinction who accepted our offer and came to our councils and our board. It is indeed with a feeling of pride that I find myself addressing those whose names are household words, not only in Europe, but throughout the world. We see them gathered around us. We are able to look back to the time with pleasure when we have spoken to them face to face, and in our humility we hope that they, when they return home, will not altogether have forgotten us. We can only assure our foreign guests that we have tried to give them what our Transatlantic friends call a "good time," and we hope that they have been happy with us, that they will have a fortunate journey home, that they may there gather further honour, and that in time to come we may once again meet in the capital of our country, when I am bound that we will give them the heartiest reception possible. I wish them once more, on behalf of our Association and of my colleagues, all the good wishes which may attend the happiness of man.

This toast was enthusiastically received and drunk, the cheering being long and loud.

Professor E. G. JANEWAY, to whom the duty of returning thanks for the United States of America was entrusted, said: My Lords and Gentlemen,—It is a matter of regret to me on this occasion that I am not possessed of the wit of Senator Pugh, who is noted for his after-dinner speeches and the amusement they give, as well as the masterly manner in which he conveys the feelings which are in his heart. In the same way I lack that eloquence, which you know so well, of Mr. Choate, our ambassador—(cheers)—than whom perhaps none could be more eloquent or better express the feelings which we all have. Nevertheless, I will try to express myself for my colleagues with regard to those feelings which have come to us in connection with the meetings we have attended. We feel that we have learned a great deal; that the friction that has come from the presentation of views which have differed somewhat from those ordinarily expressed, like friction of every other kind, has been productive of light, and that that light will illumine and truth will prevail. What truth is may be for the time a matter of question, but that truth in the end will come out of it everyone must feel convinced. (Hear, hear.) I wish I were possessed of a greater magnetism, and a greater capacity of expressing rightly the views of my countrymen on this occasion. Previous to coming here, at the express request of several of my colleagues, I had drawn up in cold blood a series of statements, which should convey to you their feelings, which we had intended to present at the meeting this afternoon. But when I saw how orderly and pre-arranged that meeting was, I did not feel that I could intrude those expressions of our feelings at that time; so that the matter which was prepared for such an occasion may perhaps express to you our feelings better—being prepared in cold blood and not stimulated by the magnetism of meeting one's confrères, without the inspiration which comes from the convivial table—than any speech I could possibly make, and so if you will allow me I will read what I jotted down. "The American Vice-Presidents, delegates and members desire to express to the officers and members of the British Congress on Tuberculosis their great appreciation of that courteous, hospitable and generous treatment of which throughout the meetings, and in those social affairs which are outside the proper purview of the Congress, they have been the recipients. Moreover, they desire to express the assurance that the conduct of the meetings has been so orderly, so thoughtful, and in every way so beyond criticism, as to be for all concerned an object-lesson in the proper method of conducting assemblages of this kind. Further, it is their belief that great good in all lands will result from the deliberations and conclusions reached by this Congress." Allow us, then, in this manner to make to you our thanks and appreciation of the renewed zeal with which we will resume the conflict in our own country against the evil of tuberculosis. Rest assured that these are not idle vapourings, but mature convictions. We only wish we could, even in a small degree, reciprocate. It may be that the conviction that you have accomplished much for the common good of mankind may be your only reward outside the benefits which may accrue to your own countrymen, but memory will always give us pleasant thoughts of this visit to your shores. (Cheers.)

Professor L. R. VON SCHRÖTTER, Austria's representative, said: My Lords, Colleagues and Gentlemen,—Allow me to say that there is some resemblance between a congress and a marriage. Those who endeavour to undertake the one or the other cannot say how the affair will end. (Laughter.) The case is still more complicated when both parties are from different countries. In this meeting we have had the representatives of nearly all peoples, and one would not have wondered if there had been little troubles. But as in the best marriages there are little clouds which disappear, also here clouds disappear, and the sunshine again pours its beams over us all. We are working for the advancement of science and for the good of the whole community. (Cheers.) Allow me to tender you my best thanks, not only for the single country which I have the honour to represent, but in the name of thousands, of many thousands, of men who will profit by the benefits of this Congress. (Cheers.) I am proud that my prognostication at the first meeting of the Congress has been borne out in such an excellent way. Again I offer my best thanks to our hospitable friends in England, and not only to the gentlemen, but to the ladies—(cheers)—to the ladies who have allowed us to enter into their houses, and who have received us with hearty and noble hospitality. (Cheers.) Allow me to drink to them. (Loud cheers.)

Dr. GEORGE MARTIN, the representative of Belgium, said: My Lords and Gentlemen,—In the absence of Senator Montefiore Levi, the official delegate of the Belgian Government, who is prevented from being present at this banquet, I have the honour, in the name of my compatriots, to beg you, the President and the Members of the Committee of the Congress, to accept our heartiest and warmest thanks for the courtesy and generous hospitality which you have offered us.

The important speeches, the learned discussions to which we have listened in the different meetings of these memorable gatherings, will furnish fresh nourishment for our studies. They will exercise, without any doubt, a happy influence on the solution of the important social problem which the struggle against tuberculosis has put in the front rank in all countries.

Be assured that we shall keep an undying remembrance of the sympathetic and cordial reception which you have given us, and be graciously pleased to accept this expression of our profound gratitude.

Dr. MIKAÏLOVSKY, of Bulgaria, said: My Lords and Gentlemen,—I am gratified by the honour which has been done me in allowing me to say a word of thanks, but I consider myself too young to address such eminent men as we see before us. However, it is my duty to express to you this evening my most respectful gratitude on behalf of my Government for inviting so small a Government as Bulgaria to be represented, and asking a representative to attend this important Congress. Therefore I am very thankful on the part of Bulgaria. (Cheers.)

Professor B. BANG, representing Denmark, replied to the toast in the following words: On this occasion I deeply feel my lack of eloquence to express the feelings which animate me, but if my language is feeble my feelings are not, and it is from my whole heart that I wish, as the representative of one of the smallest nations, to express our sincerest thanks for the memorable week we have been happy enough to pass here. For all that we have learned, for all that we have seen, for all the impulses given to us, for all the kindness shown to us—I venture to say, for the friendship offered to us—we are very thankful. (Cheers.) There can be no doubt about the results of such a Congress as this, and it seems to me that it has contributed to strengthen the feeling of the brotherhood of nations—(cheers)—uniting us all in the struggle against our common enemy, a feeling which is the only sure basis for the existence of small nations like ours. With these few words I give you our most heartfelt thanks. (Cheers.)

M. FÉLIX VOISIN replied for France thus: The great honour which has been done me in asking me to speak in the name of my country, France, places upon me the duty of first presenting to you, in the name of all my compatriots, our most heartfelt thanks, to the organisers of this splendid Congress, and particularly to Lord Derby. He has received us with a graciousness without parallel, and we shall carry away with us to our respective countries sentiments of profound thankfulness which it is impossible for me to properly express. It is not by words that France is able to thank the organisers of the Congress, it is by acts; and since you have kindly accepted the invitation of the President of the French Republic, I am happy to be able to say to you, not good-bye, but *au revoir*, hoping to meet you all in two years from now. After reading all the works that have been published, and listening to all that has been said so well and so truthfully at the Congress, the French people will consider it a duty to walk in the steps both of the Congress of Berlin and that of London. France will never forget the illustrious Lord Lister, of England, Professor Koch, of Germany, and Dr. Pasteur, of her own country. I believe I am only expressing the idea which is in the minds of us all in saying that it is impossible in this struggle undertaken against tuberculosis to rest until we have achieved a complete victory. (Cheers.) No, gentlemen, we shall not rest; and I believe that but few years separate us from the time when we shall be able to say that the monster has been vanquished, to the great good of the whole of humanity. Therefore, gentlemen, I ask you to come to France when the next Congress is held two years hence, and we shall then be able to show you all that we have done, following in your footsteps, and God grant that we shall be able to carry on the admirable work which you have already begun, to the great benefit of science and the greater good of humanity. (Cheers.)

Professor Dr. GERHARDT, from Berlin, replied to the toast on behalf of Germany in his own language, saying: My Lords and Gentlemen,—Permit me on behalf of my countrymen who are gathered here—and I do not doubt

their entire approbation—to express full recognition and hearty thanks for the splendid organisation of the Congress, which will be such a good example for us in the future; for their kind invitation to take part in this important work, for the benevolence, the goodness, and—I may well use the expression—for the heartiness with which we have been received here, and for the friendly cordiality which we have met with. Allow me for one moment to glance back over our Congresses. The first, as it happens with sons in a family, was the darling of his parents, and was brought up with care and pains, and became, I think I may well say, a brave and splendid youth. (Cheers.) The second generally turns out to be a merrier, brighter, more spirited boy. What becomes of the third one cannot prophesy so clearly; sometimes he grows right over the heads of the others, and in this case this would be quite likely. The next Congress can draw upon the experiences of the usefulness of the others, for it is to become a bigger, more dazzling, and, I might even say, a more successful one than all the others. It has—which is so rare—while yet in bud, borne fruit, fruit which will come to much good. It has brought forward great questions and afforded food for thought in the future. We hope that the next Congresses, perhaps the very next one, will bring us the solution of these questions, from which we may hope for a definite result. (Cheers.) This is how everything finally turns out with our Congress. For this the mild climate of England, this happy island kingdom, in which, it is true, grapes do not ripen—which is perhaps an inducement for anti-alcoholism—but in which the palm winters in the open; and the palm in the tuberculosis struggle my honoured colleague, M. Brouardel, and we all with him, I think, have allotted to our British friends. They have up till now worked most at this question. So we shall return full of the deepest impressions; we shall think of the words of our poet—

> "Wohl vom grosseren Regen mag es rauschen,
> Wo vier Welten ihre Schätze tauschen."

We return filled with a great impression of the magnificent hospitality which we have received here from the united efforts of not only so many noted doctors, but also of men of high position who have stepped down and worked with them, who, as one might poetically say, have wept the tears of poverty from their inmost souls. (Cheers.) I may well say that care for the poor, the sick, the ageing working-man is what we must strive after, and which has, if I may without vanity say it, been very much helped on in Germany, for we have founded sanatoria for them all over the country. (Cheers.) To produce that is certainly a noble task, for which we have to thank those who have organised it, and so I beg my German countrymen to raise their glasses and drink to the success of this third Congress, to the effective organisation which has directed with such a gentle hand, to the goodwill which the organisation has shown to us, and above everything else to him on whom all our thanks to the Congress are concentrated, to the honoured President of the Congress; three cheers for him, hoch! hoch!

This speech was followed by loud applause.

Professor PEL, of Holland, said: In responding for Holland I will ask you to accept from myself and my colleagues our hearty thanks for the reception you have given us. Wherever we have come from, France, Germany, Italy, Spain, or any of the other countries of Europe, we have come with the firm intention of lessening the suffering of humanity by endeavouring to stamp out this fell disease. Gentlemen, I ask you to drink to the prosperity of medical science. (Cheers.)

Dr. REIS, of Hungary, said: Permit me, my lords and gentlemen, to speak on behalf of the Hungarian delegates, to express our thanks towards you and towards the officials of the Congress and the Executive Committee. I shall simply confine myself to one or two words in testifying the thanks of Hungary to you all for the manner in which we have been received. Those words are full of gratitude, and express our most fervent wishes for the happiness and prosperity of your country, of the great Metropolis, and for the glory of the grand nation, Great Britain. (Cheers.)

Professor CERVELLO, of Palermo, speaking (in his own tongue) for Italy, said: Gentlemen,—I have been invited to speak now, and I do so very willingly, in spite of many worthy friends who have to speak. But I accept very willingly because it affords me a happy opportunity for publicly manifesting my gratitude for the reception which has been afforded to us Italians in this country, so eminently hospitable.

For my part I live far away from you, in the furthest confines of Italy, in Sicily, whither I shall carry a remembrance of this cordial hospitality, and still more of grateful love for it.

In fact this dreadful disease which is called tuberculosis, the worst of the diseases which afflict mankind, has given an occasion for all the civilised world to collect, and to estimate and recognise its force.

On the other hand, we have come together with the pleasing generous intent to try and strike a blow to mitigate the horror of this misery of consumption.

We again find our progress truly often spoiled by that public egoism which for so long a time has shown an indifference to, or contempt for, this social misery.

Let praise then be given to this deserving Committee, who have worked with the certain crown of an ultimate success; let praise be given to this country, which in point of benevolence offers so much noble example. (Here the speaker continued in English.) My Lord and Gentlemen,—To the continued success of British medical science, and to the continuance of the strong friendship existing between England and Italy. (Cheers.)

Professor MALM, speaking for Norway, said: My Lords and Gentlemen, —As the representative for Norway, I have the honour to speak to you on behalf of my country. I thank you for the reception we have received, and I am very happy to inform you that my Government take the greatest interest

in, and have the greatest sympathy with, the objects of this Congress. (Cheers.)

Dr. DE LANCASTRE, of Portugal, said: My Lords and Gentlemen,—Up to the present, in our struggle against tuberculosis, the sole remedy has been resigning oneself to the inevitable. The loss occasioned by the disease has been exceedingly great; but all we have been able to do, up to the present, has been to pass the figures over to the statistician for registration in the statistics. Now, however, medical science has shown that the malady is curable, and societies have been formed, and Government measures brought forward, to initiate a struggle against an enemy hitherto believed unconquerable. The whole world is now interested in the struggle; and in this Congress rules have been laid down which must undoubtedly be of great service in destroying the prevalence of tuberculosis. The great results which will follow, Portugal will equally share in, and for that reason I, in the name of my Government and of the august lady who has taken such a deep interest in the work of the League formed in my country, the Queen, thank you for the friendly manner in which we have been received. (Cheers).

Dr. J. CANTACUZIÈNO, responding for Roumania, said: In the name of the Roumanian Government, which has done me the honour to appoint me a delegate here to assist in the work of the Congress, I have to thank the organisers and the Committee for the hospitality which they have so courteously offered to us. I wish to make myself the interpreter of the sentiments of my colleagues, and express to you our profound admiration for the results obtained in the last half-century in England in the struggle against tuberculosis. Those results are for us a lesson and an encouragement. As a delegate from Roumania, I drink to the illustrious men of science of England, and in particular to Lord Lister. (Cheers.)

Señor Don José VERDES MONTENEGRO, of Spain, said: My Lords and Gentlemen,—As a representative of Spain I beg to tender you our most hearty thanks for your hospitality. We who represent Spain at this Congress shall return to our country determined to do all we can to propagate in Spain the results which have been arrived at for the prevention of tuberculosis. Gentlemen, I once more thank you for the reception you have accorded to us. (Cheers.)

Dr. KLAS LINROTH, of Sweden, said: Gentlemen,—On behalf of my country I beg to thank you for everything we have received and everything we have learned during the never-to-be-forgotten Congress, the results of which will be seen, I am sure, all over the world. (Cheers.)

Dr. SECRETAN, of Switzerland, said: I have to present to you, gentlemen, the thanks and recognition of Switzerland. We knew that in coming to London we should receive a warm reception, a generous hospitality,

and be made acquainted with the greatest treasures of art and science. Our expectations have not been deceived. It was a great surprise to us when we arrived in London on Sunday to find ourselves in a climate very much resembling that of Switzerland; the bright rays of the sun recalled to us our lakes and our mountains, and agreeably brought to our recollection the remembrance of our country. Switzerland has brought into the struggle against tuberculosis other things besides the beauty of Nature and the pure air of its mountains. We shall continue on our way and do all in our power to bring about the final success in the struggle of which this Congress marks so advanced a stage. In the name of the Swiss delegates I thank the organisers of the Congress for the distinguished manner in which we have been received. (Cheers.)

In the absence of Sir James Crichton-Browne, the toast of "Greater Britain" was proposed by Sir HERBERT MAXWELL, who said: My Lords, Ladies and Gentlemen,—I am afraid it must be a great disappointment to those who are acquainted with the inimitable talent of Sir James Crichton-Browne, that this great toast should be entrusted to my hands in his absence. I cannot emulate that talent, for Sir James has, in a peculiar degree, the art of clothing lofty thoughts in eloquent words; but I trust the nature of the toast itself will provide the eloquence that is absent from my speech. It is the toast of our kinsmen, our brethren beyond the seas, those who unite in forming what we term Greater Britain. (Cheers.) Gentlemen, the ties which unite the mother-country with her Colonies are many and varied and strong. Let us hope to-day that to the ties of natural affection, of historic association, and of common interest has been added a new and fresh and stronger tie, that of the desire to serve the common cause of humanity. (Cheers.) The Colonies are worthily represented here: the Colonies have sent many delegates. The Dominion of Canada and Australia are represented, and I think we are entitled to offer them and their representatives special congratulations, because this afternoon there was introduced into the Legislature a measure for altering the King's title, in recognition of the splendid service which has been rendered by our Colonies to the mother-country. (Loud cheers.) I will not detain you longer, but only ask you to unite by charging your glasses in bumpers and drinking to those vast dominions beyond the seas, to our people who populate them. I ask you to drink the toast of "Greater Britain."

This toast was then drunk with acclamation.

Surgeon-General HARVEY, speaking for India, first replied to this toast, saying: Lord Derby, my Lords and Gentlemen,—As a representative of India, which, though perhaps not in one sense Britannic, is still the brightest jewel in the British Crown, I can only at this late hour of the evening express for myself and for my colleagues, representing various provinces of India, our best thanks to the organisers of the Congress for the magnificent hospitality which they have extended to us to-night, and for all their kindness to us

during the Congress. I am quite sure we shall all of us take away the most pleasant recollections, and I am certain that we have learned a great deal which will be of great advantage to us in the future, and not only to us, but to the community at large. (Cheers.)

The CHAIRMAN here interposed and said: Before Sir David Tennant rises to reply, I wish to say that I have had a telegram from Lord Strathcona who, notwithstanding his many occupations, had intended to be with us to-night. In his absence I have much pleasure in calling upon Sir David Tennant.

Sir DAVID TENNANT then replied to the toast, saying: My Lords and Gentlemen,—I beg to offer on behalf of Greater Britain, which includes the self-governing Colonies and the Dominion of Canada, their thanks for the very handsome manner in which the societies of the civilised world have recognised us. We are indebted to science for all the great and important benefits we enjoy at the present day, and we feel that without the knowledge—which can be imparted only through those fully equipped to impart it—we could not survive the many disastrous inflictions which human nature is subject to. We have in South Africa, in a temperate zone, a climate of unsurpassed beauty, a climate which resists tuberculosis, and which, when taken at the proper time, will extinguish all symptoms of consumption. I speak from knowledge which I have acquired, and therefore I say that this Congress is doing a vast amount of good to humanity at large, and we, as colonists, desire to express our thanks for the efforts that have been made in advancing the interests of mankind. (Loud cheers.) And Greater Britain, in the next place, wishes to put on record its conviction that, forming one indissoluble whole of the Empire at large, as in the past so in the future, it will manifest that adhesion to principles which are powerful in this country, which pervade all sections of the community who are loyal to the throne, and which will ever inaugurate a system congenial to the advancement and prosperity of the people at large. On behalf of Greater Britain, so far as I am concerned, I beg to tender you my heartiest thanks. (Loud cheers.)

Sir JOHN A. COCKBURN also returned thanks on behalf of the Colonies: My Lords and Gentlemen,—The representatives from the Colonies are very proud of the welcome which always awaits them when they visit the mother-country. The component parts of Great Britain are bound to one another and to the mother-country by the strongest ties of filial and sisterly affection, and we regard it as a great privilege to have met so many distinguished strangers here whose names have for long been as household words throughout the whole of Greater Britain. (Cheers.) It is said that no nation can live for itself alone; and there is nothing which gives greater promise for the tranquillity of the world than the manner in which all nations have joined together in unanimity for one common purpose, namely, the general welfare of mankind. (Loud cheers.) Nothing cements friendship like warfare against the common foe, and the tubercle bacillus has at least this

merit, that it has made of one mind all the nations of the earth. (Cheers.) It is a great satisfaction that the modern methods of prophylaxis and treatment of tuberculosis marked out a course which is identical with the high-road which leads to general health. Pure meat and pure milk do not benefit any one disease, and the gospel of fresh air and sunshine is indeed of universal application. (Cheers.) We shall carry away with us this badge, which so artistically portrays the advantages of fresh air, sunlight and altitude in the treatment of this the greatest of our foes, as a memento of one of the most pleasurable and profitable gatherings it has ever fallen to the lot of colonists to be associated with. (Loud cheers.) I thank you very heartily. (Cheers.)

Sir WILLIAM CHURCH, Bart., then proposed the health of the Chairman: My Lords and Gentlemen,—The toast which I have the privilege to bring forward is one which fortunately needs no words of mine to render it acceptable, but I consider it a very great honour paid to my profession that I have been selected to bring it forward in the presence of so many distinguished guests. The Earl of Derby has many claims to our gratitude and respect for the parts that he has played in the government of the country and its dependencies, and in our civic and political life. (Cheers.) The services that he has rendered to the Congress are also to be added to those which he has hitherto given to the country. (Cheers.) How admirably he has presided over the Congress, and over this most magnificent banquet, you all are aware. (Hear, hear.) But you are not all equally aware of the debt which the Congress owes him. Since he undertook the presidency of our Organising Committee and Council his services have been invaluable. (Cheers.) He has used his influence, he has used his generosity, he has used his knowledge of men and matters in the interests of this Congress. (Cheers.) Now, I think it is a most fortunate circumstance, and one we must congratulate ourselves upon, that men like Lord Derby, Lord Spencer, Mr. Chaplin, and a number of other practical politicians, have joined themselves to our Association for combating tuberculosis. (Cheers.) It is not to the profession, but it is to the Government and upon the general public, that we must look for further progress in combating the disease. We have made an auspicious inauguration; it is upon the action of the general public and of our Government that we must look for the continuation and success of the movement. (Hear, hear.) We are grateful to Lord Derby for what he has done for us, and we are grateful in this sense, that we look to him for still further benefits and favours; and I am sure that I am only expressing the feeling of all here present when I say that we hope that he may live long to serve his country —(cheers)—and that his name may become as famous in the history of hygiene and public health as that of his ancestors in the political life of our land. (Cheers.) I give you the health of our Chairman.

The toast was drunk with acclamation.

The CHAIRMAN, in responding, said: Sir William Church, my Lords and Gentlemen,—At this late period of the evening I will not venture to occupy

your time more than a few minutes. Let me, in the first instance, say to you how truly and deeply I value these tokens of your kindness, and how little I feel that I deserve the encomia which were passed upon me out of the goodness of your heart by Sir William Church in speaking of anything I have done. But I feel that in drinking the health of your Chairman you do so, not in his own person, but as recognising that which has been the organising section, if I may so use the word, of this Congress. The work which has been done by my colleagues is great, has been continuous, and at no time very light. We felt, as the servant of the prophet was told in former days, that when the preparations of the Congress had already advanced, it was as if one had come to us and said, "Knowest thou that thy master will be taken from thy head this day." We lost the Prince of Wales as our guide and director; and if, as his humble lieutenant and devoted follower, I have been able to assist my colleagues, either as intermediary or in any other way, I can only consider myself fortunate in that circumstances have thrown me in constant contact with a body of colleagues whom to know is to admire, and to admire is to love. (Cheers.) They would not wish I should say more of them in detail except this, that when the Prince was taken from us we made up our minds that that in which he had shown so great an interest should not suffer, if any strength was left in us, by his absence from unforeseen causes. We were determined that this Congress should be organised on such lines as not only to be a pleasant meeting, but to do good. My kind friend, if he will allow me to call him so, Professor von Gerhardt, very nearly took not only my paper, but my little ewe lamb, which I was going to ask your attention to to-night. It arises out of the questions which were interesting us this afternoon. Something was said of the hospitals, of the desirability of sanatoria for the poor, and for the suppression at earlier stages of the disease. I was in the Chair, and it was not my business to speak, but I ventured to ask one of my friends, Dr. Nathan Raw, of Liverpool, who has worked ably and nobly in this good cause, and who, by his diplomatic genius, has brought into line some of our authorities and got them to take common action—(cheers)—to verify my statement. We hope in Lancashire that whatever we may be, we are practical; and I claim for my county that it has worked in the cause as well as talked. Dr. Niven, of Manchester, was able to tell you at an earlier period of the day some of the steps that have been practically taken in the disinfection of places from which patients have been removed. That was good in its way; but Liverpool has an equally good tale to tell. I asked Dr. Raw to verify my statement by a reference, and this is what he tells me. That common action had been established there I knew, and he gives me this information, which I commend to all, as showing that we can work as well as talk. The three Poor-law Unions of Liverpool have united to form a Tuberculosis Committee, and are erecting a large sanatorium for the treatment of consumption amongst the very poor. That meets one point. Another large sanatorium has been erected in Liverpool for the working classes other than the very poor. That meets another point. The outdoor relief is only granted in Liverpool on condition that the poor consumptives will consent

to be lodged in rooms suitable for the disease, and money is given by their guardians under their bye-laws for the segregation of patients at their own homes, I believe. I hope you will see that we are working, and not only talking. (Cheers.) I do not want to put my county before others. I know that good has been done, possibly more good even than that to which we can lay claim; but I speak of that which I know. I hope at the next Congress we may meet under the possible presidency of M. Brouardel, or some of his compatriots, and that we may have an equally good account, or an account of increased good which has been done in England since the last Congress and the Congress preceding it; that we shall take lessons from our friends, and that we all, as brethren in arms, as comrades in the great cause, shall be able to profit as in other matters by the latest improvements which science can give us, and that we may, as has been admirably said, join in one unbroken line to resist and to defeat the common foe of us all. (Cheers.) Now I can only thank you, gentlemen, as I have done before, for the personal kindness which you have shown to the Chairman and to the officials, and especially I could not omit from the names of those officials the names of many who have worked hard and worked well; but specially I would mention the name of Mr. Malcolm Morris—(cheers)—and Dr. StClair Thomson—(cheers)—than whom no one could wish to have two truer friends or better comrades standing at his right hand and at his left. (Cheers.) To them and to my other colleagues your thanks are really due. The Chairman is but the spokesman of the moment. They have done the work; and I trust that the approval which you have been good enough to give to them, concentrated in my person, will be esteemed by them as greatly as it is by the humble person who, in the character of your President, begs to return you his most sincere thanks for your kindness, and his heartiest and most sincere desire for your good health. (Loud cheers.)

We have an old-fashioned toast in the North that sometimes, when it is the close of the evening, we drink to our next merry meeting. Gentlemen, I give you the toast of "Our next merry meeting," and may it be a happy one.

This speech caused loud and prolonged cheering, after which the assembly soon broke up, and the Congress with all its functions, both serious and social, with one exception, was over.

LIST OF BRITISH DELEGATES.

ABBOTT, Councillor, Corporation of Tunbridge Wells.
ABBOTT, T. C., Manchester and Salford Sanitary Association.
ABRAM, G. S., M.B., Reading Corporation.
ABSON, J. S., F.R.C.V.S., Lancashire Veterinary Medical Association.
ADCOCK, Alderman J., J.P., East Kent Joint Committee for Appointing Medical Officers of Health.
AITKEN, JOHN, Junr., Scottish Metropolitan Veterinary Medical Society.
ALDERSON, F. H., M.B., Metropolitan Borough of Kensington.
ALDRIDGE, Councillor, Metropolitan Borough of Holborn.
ALEXANDER, FRED. W., M.O.H., Metropolitan Borough of Poplar.
ALEXANDER, HUGH, Metropolitan Borough of Shoreditch.
ALEXANDER, REGINALD G., M.D., J.P., Royal Infirmary, Halifax.
ALLAN, F. J., M.D., Westminster City Council.
ALLBUTT, Prof. CLIFFORD, M.D., F.R.S., Cambridge University; and Cambridge Medical Society.
ALLDAY, JAMES, Birmingham Butchers' Trade and Benevolent Association.
ALLEN, Councillor, Borough of Southend-on-Sea.
ALLISON, T. M., M.D., Clinical Society of Newcastle-on-Tyne.
AMBLER, Councillor FRANCIS, Leeds Corporation.
ANDERSON, Councillor Prof., M.D., University of Glasgow.
ANDERSON, A. JASPER, M.D., M.O.H., Blackpool Corporation.
ANDERSON, Bailie W. F., Corporation of Glasgow (Police Department).
ANDREW, JAMES, M.D., Royal College of Physicians, Edinburgh.
ANDREWS, E. COLLINGWOOD, M.D., Hampstead Corporation.
ANNIS, ERNEST G., M.O.H., Greenwich Corporation.
ARMITAGE, A., Nottingham and District Butchers' Association.
ARMSTRONG, Dr. H. E., M.O.H., Newcastle-on-Tyne Corporation.
ARRAS, WALTER, Ross and Cromarty County Council.
ARROL, Bailie A. T., Borough of Alloa.
ASHBY, ALFRED, M.B., F.R.C.S., M.O.H., Reading and Upper Thames Branch of British Medical Association and Reading Town Council.
ASHCROFT, W., British Dairy Farmers' Association.
ATKINSON, Councillor, Saffron Walden County Borough.
AVERN, Councillor E., Fulham Metropolitan Borough.
AXE, Professor J. WORTLEY, British Dairy Farmers' Association.

BABER, E. CRESWELL, M.B., Laryngological Society, London.
BACON, Ald. Sir HICKMAN B., Bart., Lincolnshire (Lindsey) County Council.
BAGNALL, W. G., Stafford County Council.
BAKER, Capt. R. L., Greenwich Metropolitan Borough.
BARLOW, Dr. W. N., M.O.H., Bootle Corporation.
BARNARD, Rt. Hon. Lord, D.L., J.P., Society for the Prevention and Cure of Consumption in the County of Durham.
BARNES, W. J., J.P., Dover Corporation.
BARR, JAMES, M.D., British Medical Association.
BARRATT, Dr., Corporation of Birmingham.
BARTLETT, Alderman, Durham County Council.
BARWISE, SIDNEY, M.D., M.O.H., Derby County Council.
BATY, Councillor J. A., Corporation of Newcastle-on-Tyne.
BAXTER, J. A., Dundee Corporation.
BAXTER, Bailie THOMAS, Greenock Corporation.
BEACH, FLETCHER, M.B. (President), Medico-Psychological Association.
BEACH, W. F. HICKS, Cotswold Sanatorium.
BEALE, Dr. E. CLIFFORD, Laryngological Society of London.
BEATTIE, Alderman R., M.D., Dewsbury Corporation.

BEATTIE, THOS., M.D., Clinical Society of Newcastle.
BECKETT, Alderman JAMES (Mayor), Corporation of Lowestoft.
BELLAMY, Dr. J. Henry, Sheffield Board of Guardians.
BENNETT, Councillor JOHN W., Greenock Corporation.
BENNETT, Dr. JAMES EDWARD, Otley Urban District Council.
BERRY, Mrs. DICKENSON, M.D., Childhood Society.
BERRY, WM., F.R.C.S., Corporation of Wigan.
BEST, Councillor Dr., Corporation of Dover.
BEVAN, THOS., Hospital Saturday Fund.
BIGGS, Councillor, Leicester Corporation.
BILLYEALD, J., Nottinghamshire Association for the Prevention of Consumption.
BIRD, J. B., M.D., Cumberland Branch of Association for the Prevention of Consumption.
BISHOP, Councillor ABEDNEGO (Mayor), West Ham County Borough.
BLACKBURN, Alderman JOHN (Mayor), Batley Borough.
BLAKER, Councillor, Brighton Corporation.
BLAKESLEY, T. HOLMES, Mercers' Company.
BLAKEWAY, JOHN, F.R.C.V.S., Midland Counties Veterinary Medical Association.
BLAKEY, Councillor WALTER, Corporation of York.
BLIGH, Councillor, Liverpool Corporation.
BLOYCE, W. H., F.R.C.V.S., Devon and Cornwall Branch of the National Association for the Prevention of Consumption.
BLUMER, F. MILNES, B.A., M.D., Staffordshire Branch of the British Medical Association.
BLYTH, A. WYNTER, M.O.H., Sanitary Institute.
BOND, P. C., M.R.C.V.S., Western Counties Veterinary Association.
BOND, Dr. W. ARTHUR, M.O.H., Metropolitan Borough, Holborn.
BOOBBYER, Dr. PHILIP, M.O.H., Corporation of Nottingham.
BOOTH, Alderman, National Federation of Meat Traders Association.
BORDER, Alderman SAMUEL, J.P., Corporation of York.
BOSCAWEN, Hon. J. R., Cornwall County Council.
BOWEN-JONES, J., F.R.C.V.S., Salop County Council.
BOWLAN, M. M., Guardians of the Poor, St. George's-in-the-East.
BOYCE, Professor R., Victoria University, Manchester; and University College, Liverpool.
BOYD, Dr. JOHN J., South Shields Borough Council.
BRABROOK, E. W., C.B., Royal Statistical Society.
BRADFORD, R., F.R.S., M.D., F.R.C.S., Jenner Institute of Preventive Medicine.
BRADLEY, Professor, M.R.C.V.S., National Veterinary Association.
BRADSHAW, Surgeon-General, C.B., M.A., Oxford Corporation.
BRAND, Rear-Adm. The Hon. J., East Sussex County Council.
BRECHIN, Councillor, Corporation of Glasgow (Police Department).
BRECHIN, MATTHEW, Glasgow United Fleshers' Society.
BRETTELL, H. C., Dudley Corporation.
BRINDLEY, A. E., M.D., M.O.H., Bury Corporation.
BROADBENT, Councillor B., M.A., County Borough, Huddersfield.
BROCK, WILLIAM J., M.B., F.R.S.E., M.O.H., Linlithgow County Council.
BROWN, Councillor GEORGE, Metropolitan Borough of Islington.
BROWN, Councillor, Greenock Corporation.
BROWN, Dr. BURTON, C.I.E., Apothecaries' Society.
BROWN, Dr. F. GORDON BURTON, Apothecaries' Company of London.
BROWN, Sir GEORGE, Bath and West and Southern Counties Society.
BROWN, Dr. RICHARD KING, Bermondsey Metropolitan Borough.
BROWNE, Dr. J. WALTER, Association of British Medical Officers.
BROWNE, J. ARTHUR, B.A., M.B., Metropolitan Provident Medical Association.
BROWNING, Dr. B., Southern Branch of the Incorporated Society of Medical Officers of Health.
BRUCE, Dr. WM., M.O.H., Ross and Cromarty County Council.
BRYAN, Councillor F. A., M.A., Metropolitan Borough of Southwark.
BRYDEN, R. A., Orphan Homes of Scotland and Sanatoria.
BRYETT, LEWIS T. FRAYER, M.D., M.O.H., Metropolitan Borough of Shoreditch.
BUCHANAN, Dr. R. M., Anderson's College Medical School.
BUND, T. W., Worcestershire County Council.

BUNN, W. G., Hospital Saturday Fund.
BURRELL, WM., Anderson's College Medical School.
BUSHNELL, F., M.D., D.P.H., Southern Branch of the National Association for the Prevention of Consumption; and South-Western Branch of the British Medical Association.
BUSZARD, Councillor F., F.R.C.S., Corporation of Northampton.
BUTTERS, ALEXANDER L., Central Veterinary Medical Society.

CAHILL, J. Z., Poplar and Stepney Sick Asylum District Association.
CAIN, Alderman, Corporation of Bootle.
CALLAGHAN, Councillor Dr., Corporation of Coventry.
CAMERON, Sir CHAS. A., C.B., M.D., M.O.H., Royal College of Surgeons, Ireland; and Corporation of Dublin.
CAMERON, Dr. JAMES S., Leeds Corporation.
CAMERON, JOHN, M.R.C.V.S., Corporation of Berwick-on-Tweed.
CAMERON, KENNETH, Aberdeen Town Council.
CAMPBELL, Councillor, M.D., Kesteven County Council.
CAMPBELL, A. J., M.D., J.P., British Postal Medical Officers' Association.
CAMPBELL, Dr. H. J., Bradford Branch of the National Association for the Prevention of Consumption.
CANCELLOR, B. D., Corporation of Winchester.
CANNEY, Councillor Rev. EDWARD, Metropolitan Borough of Holborn.
CARTER, GEO. W., F.R.C.V.S., Keighley Corporation.
CARTER, J. BONHAM, Winchester and District Branch of the National Association for the Prevention of Consumption.
CARTER, Dr. R. J., Borough of St. Marylebone.
CARTER, Professor W., M.D., LL.B., University College, Liverpool.
CATON, Professor RICHARD, M.D., F.R.C.P., University College, Liverpool.
CATTLE, Dr. C. H., Nottinghamshire Medical Chirurgical Society.
CHALMERS, Dr., M.O.H., Corporation of Glasgow.
CHAPMAN, A., Ancient Order of Foresters.
CHAPMAN, Councillor L.P., Corporation of Barrow-in-Furness.
CHAPMAN, PAUL M., M.D., Hereford Branch of British Medical Association.
CHEETHAM, WALTER H., M.D., M.O.H., North Riding (Northallerton) County Council.
CHEYNE, W. WATSON, F.R.S., F.R.C.S., Pathological Society.
CHIENE, JOHN, M.B., Royal College of Surgeons, Edinburgh.
CHISHOLM, SAMUEL, Lord Lieutenant and Lord Provost, Police Department of Glasgow.
CHOWN, J. C., Battersea Metropolitan Borough.
CLARE, J., M.O.H., Hanley County Borough.
CLARK, RICHARD, Edinburgh Parish Council.
CLARKE, Sir ERNEST, Royal Agricultural Society of England.
CLARKE, J. MICHELL, M.A., M.D., University College, Bristol.
CLARKE, R. W., M.R.C.V.S., Lincolnshire Veterinary Medical Association.
CLARKSON, J., M.R.C.V.S., Yorkshire Veterinary Medical Society.
CLEASE, R. S., Shrewsbury County Council.
COATES, Dr. HAROLD, Manchester Corporation.
COE, Alderman, J.P., Halifax Corporation.
COGAN, Dr. L. F., M.O.H., Northampton Corporation.
COGGAN, W., National Federation of Meat Traders Association (Incorporated).
COLLIER, WILLIAM, M.D., Oxford Corporation.
COLLINGRIDGE, WILLIAM, M.D., London Corporation.
COLLINS, H. H., Paddington Metropolitan Borough.
COLLINS, J. W., M.D., F.R.C.S., London County Council.
COOK, G. G., Thanet Rural District Council.
COOK, THOMAS (Mayor), Birkenhead Corporation.
COOK, Alderman W., J.P., Birmingham Corporation.
COOKSON, Alderman EDWARD H., Liverpool Corporation.
COOPER, Alderman J. H., Gravesend Town Council.
COOPER, WILLIAM, London Chamber of Commerce.

COSTER, Mrs., Royal British Nurses' Association.
COTMAN, Dr. J. S. E., London Corporation.
CRAIG, JAMES, M.D., Royal College of Physicians, Ireland.
CRITCHETT, G. ANDERSON, Ophthalmological Society of Great Britain.
CROSBY, Alderman THOMAS BOOR, London Corporation.
CROSSLEY, WILLIAM J., Manchester Consumption Hospital.
CROWE, GEORGE WYNDHAM, M.D., Worcester and Herefordshire Branch of the National Association for the Prevention of Consumption.
CROWLEY, Dr. R. L., Bradford Branch of the National Association for the Prevention of Consumption.
CUFFLIN, Alderman, Islington Metropolitan Borough.
CULHAM, Councillor, Hastings Corporation.

DALEY, Dr., Borough of Bootle.
DALTON, Councillor MARK, Metropolitan Borough of Poplar.
DALZIEL, Professor T. KENNEDY, Anderson's College Medical School.
DAVIES, Councillor, M.D., Borough of Shoreditch.
DAVIES, Dr. A., South Monmouthshire Branch of the British Medical Association.
DAVIES, D. GLADSTONE, M.R.C.V.S., Town Council of Swansea.
DAVIES, D. S., M.D., M.O.H., University College of Bristol.
DAVIES, Dr. EBENEZER, M.O.H., Town Council of Swansea.
DAVIES, Dr. SIDNEY, M.O.H., Metropolitan Borough of Woolwich.
DAWES, H. J., F.R.C.V.S., Midland Counties Veterinary Association.
DAY, E. J., M.O.H., Town Council of Dorchester.
DEARDEN, Councillor, Corporation of Manchester.
DELANEY, W. P., Dublin Victuallers' Association.
DELÉPINE, Professor SHERIDAN, M.D., Victoria University; and Manchester Literary and Philosophical Society.
DELVES, Alderman, Corporation of Tunbridge Wells.
DEMPSEY, Professor M. J., M.D., F.R.C.P., Catholic University School of Medicine, Ireland.
DES VOEUX, HAROLD, M.D., M.O.H., City Council of Westminster.
DEWAR, Professor, F.R.C.V.S., National Veterinary Association.
DICK, Councillor JAMES, Corporation of Glasgow.
DICKINSON, Alderman, J.P., County Borough of Burnley.
DINGLE, C. V., M.D., M.O.H., Corporation of Middlesborough.
DIXEY, Dr. HARRY E., Worcestershire County Council.
DOBBING, W. NEWTON, M.R.C.V.S., South Durham and North Yorkshire Veterinary Medical Association.
DODD, Councillor, Corporation of Tunbridge Wells.
DOLAMORE, Dr. W. H., British Dental Association.
DOLAN, Dr., Yorkshire Branch of British Medical Association.
DOMVILLE, Councillor EDWARD JAMES, Exeter Corporation.
DOUGAN, Bailie, Glasgow Corporation.
DRESCHFELD, Professor T., M.D., Owens College, Manchester.
DRUCE, G. CLARIDGE, Oxford Corporation.
DUDFIELD, Dr. REGINALD, M.O.H., Paddington Metropolitan Borough.
DUDGEON, G. R., M.R.C.V.S., Veterinary Medical Association of North of England.
DUNCAN, C. B., North of England Sanitary Inspectors' Association.
DUNCAN, Dr. EBENEZER, Faculty of Physicians and Surgeons, Glasgow.
DUNSMURE, JAMES, M.D., F.R.C.S.E., Royal College of Surgeons, Edinburgh.
DUNSTAN, JOHN, M.R.C.V.S., Devon and Cornwall Branch of the National Association for the Prevention of Consumption.

EAST, Mrs. F. A., Poplar and Stepney Sick Asylum District.
EASTON, Councillor E. G., Metropolitan Borough of Fulham.
EBRINGTON, Viscount HUGH FORTESCUE, D.L., J.P., County Council of Exeter.

EDWARDS, TREVOR, Wakefield County Council.
ELLIOTT, Councillor, Town Council of Dundee.
ELLISON, JAMES, City of Liverpool and District Cowkeepers' Association.
ELLISTON, W. A., M.D., J.P., President of the British Medical Association.
EVANS, Dr. E. D., Wrexham and District Branch of the National Association for the Prevention of Consumption.
EVANS, Dr. RICHARD, Denbigh County Council.
EVANS, Dr. W. ARNOLD, M.O.H., Corporation of Bradford.
EVELYN, WILLIAM A., M.A., M.D., Yorks Branch of the National Association for the Prevention of Consumption.

FAWCITT, ISAAC, Bradford and District Butchers' Association.
FAYRER, Sir J., K.C.S.I., M.D., F.R.S., Falmouth Corporation.
FENOULHET, Dr. E. C., East Kent Joint Committee for Appointing Medical Officers of Health.
FENWICK, Mrs. BEDFORD, Registered Nurses' Association.
FIELD, WILLIAM, M.P., Dublin Victuallers' Association.
FILDES, Councillor, Corporation of Manchester.
FINLAYSON, Dr. JAMES (President), Faculty of Physicians and Surgeons of Glasgow.
FIRTH, Alderman J., County Borough of Huddersfield.
FITZGIBBON, HENRY, Association of British Postal Medical Officers.
FITZHERBERT-BROCKHOLES, W., Royal Lancashire Agricultural Society.
FLETCHER, JAMES, Lancashire County Council.
FLETCHER, J. DOUGLAS, Ross and Cromarty County Council.
FLITCROFT, Dr. T. E., Corporation of Bolton.
FLOWERS, Councillor R., Newcastle-upon-Tyne.
FORD, J. B. P., Wakefield County Council.
FORMAN, E. B., M.D., London County Council.
FORRESTER, J. H., Parish of Birmingham.
FORSTER, Alderman J., J.P., Corporation of St. Helens.
FOSBROKE, G. H., Worcestershire County Council.
FOSKETT, ROBERT, Poplar and Stepney Sick Asylum District.
FOSTER, SIR MICHAEL, K.C.B., F.R.S., Professor of Physiology, British Association for the Advancement of Science.
FOWLER, KINGSTON, M.D., Clinical Society.
FOX, Dr. E. LONG, Three Counties Branch of the National Association for the Prevention of Consumption.
FRANCE, ERIC, M.B., Medical Psychological Association.
FRANCIS, Councillor, Borough of Southend-on-Sea.
FRANK, F. BACON, Wakefield County Council.
FRANKLAND, Professor P. FARADAY, Institute of Chemistry of Great Britain and Ireland.
FRASER, Dr. A. M., M.O.H., Portsmouth Corporation.
FRASER, Alderman EVAN, Hull Corporation.
FRASER, Professor THOMAS R., F.R.S., M.D., LL.D., University of Edinburgh; and Royal College of Physicians, Edinburgh.
FRY, HENRY A., Bath Butchers' Association.
FURLONG, ROBERT O'BRIEN, C.B., Dublin Branch of the National Association for the Prevention of Consumption.
FYFE, PETER, Sanitary Inspectors' Association of Scotland.

GABE, J. R., M.D., Brussels Medical Graduates' Association.
GALBRAITH, Dr. JAMES J., Woodburn Sanatorium.
GALLIERS, Councillor, Brighton Corporation.
GARLAND, Dr., M.O.H., Yeovil Corporation.
GARLAND, C. A. S., Yeovil Corporation.
GARLAND, CHARLES H., Postal Telegraph Clerks' Association.
GARNETT, Professor W., North of England Institute of Mining and Mechanical Engineers.
GASKELL, C. G. MILNES, Wakefield County Council.
GAY, Dr., Wandsworth Metropolitan Borough.

GEPP, M., M.O.H., D.P.H., Shrewsbury Corporation.
GETLEY, Alderman, Birkenhead Corporation.
GIBB, R. SHIRRA, Highland and Agricultural Society of Scotland.
GIBSON, Dr. G. A., Royal College of Physicians, Edinburgh.
GIDDINGS, R. N. RITCHIE, M.B., Associated British Postal Medical Association.
GILLIES, Councillor, Gateshead Corporation.
GLAISTER, Professor JOHN, Glasgow University.
GLEN, Dr. JAMES, J.P., North Riding (Northallerton) County Council.
GODFREY, ERNEST H., Central Chamber of Agriculture.
GODLEE, RICKMAN J., F.R.C.S., Royal College of Surgeons.
GOLDIE, Councillor L. A., Rochester Corporation.
GOODMAN, Dr. R. N., Thames Valley Branch of the British Medical Association.
GORDON, Councillor COLIN, Poplar Metropolitan Borough.
GORDON, Dr. W., South-West Branch of the British Medical Association.
GORNALL, Dr. J. G., Warrington Corporation.
GOUGH, ARTHUR, Birmingham Butchers' Trade and Benevolent Association.
GOULD, Dr. J. E., M.O.H., Bolton Corporation.
GRAHAM, ALEXANDER, F.S.A., Royal Institute of British Architects.
GRAY, Dr. MURRAY, Three Counties Branch of the National Association for the Prevention of Consumption.
GREEN, ABRAHAM, M.R.C.V.S., Dudley Corporation.
GREEN, Dr. R., M.O.H., Gateshead Corporation.
GREENHAIGH, Dr., M.O.H., Accrington Corporation.
GREENWOOD, M., M.D., County Borough of Crewe.
GRIFFITH, Dr. AUGUSTINE, M.O.H., Hove Corporation.
GRIFFITHS, L. M., M.R.C.S., Bristol Medical Library.
GROSVENOR, Dr. O. A., Hampstead Borough.
GWYN, EDMUND, M.D., Incorporated Society of Medical Officers of Health.
GWYNN, NEVILLE, M.B., Nordrach Sanatorium.

HALL, EDWIN T., F.R.I.B.A., Royal Institute of British Architects.
HALL, J. DE HAVILAND, M.D., Laryngological Society of London.
HAMILTON, Professor D. J., F.R.C.S.E., F.R.S.E., University of Aberdeen.
HAMILTON, Dr. W. M., M.O.H., D.P.H., Eccles Corporation.
HANDFORD, HENRY, M.D., British Medical Association; and Nottingham County Council.
HANSELL, J. T., Nottingham County Council.
HARDING, Councillor, Sanitary Town Council, Eastbourne.
HARDMAN, ALEXANDER, Rochdale Corporation.
HARKUS, G., Councillor, Newcastle Corporation.
HARPER, Alderman, Woolwich Corporation.
HARPER, Dr. CHARLES, M.O.H., Bath Rural District Council.
HARRIS, A. E., M.O.H., Metropolitan Borough of Islington.
HARRIS, Dr. A. W., South Branch of the Incorporated Society of Medical Officers of Health.
HARRIS, Dr. F. D., M.O.H., St. Helens Corporation.
HARRISON, Alderman, J.P., Sunderland Corporation.
HARRISON, Alderman T. H., J.P., Derby Borough.
HART, Dr. HERBERT, Salvation Army.
HART, J. T., London Central Meat and Poultry Markets Association.
HARTIGAN, T. T. P., East Sussex County Council.
HARWOOD, ALFRED, East Suffolk County Council.
HASLAND, JOHN, Bury Corporation.
HAWKINS, Rev. E. C., Board of Guardians, City of London Union.
HAWKYARD, Councillor Dr. A., Leeds Corporation.
HAWORTH, Councillor GEORGE, Burnley Corporation.
HAY, Professor MATTHEW, M.D., M.O.H., Aberdeen Town Council; and Aberdeen University.
HEALD, Councillor B. G., Leeds Corporation.
HEAP, WILLIAM, Manchester and Salford Butchers' Association.
HECTOR, C. MONRO, B.Sc., M.D., University College, Sheffield.

HEDLEY, MATTHEW, F.R.C.V.S., Veterinary Medical Association, Ireland.
HEDLEY, Dr. WILLIAM, Newcastle Corporation.
HEMBOROUGH, J. W., M.D., M.O.H., Northumberland County Council.
HENRY, J., M.D., M.O.H., Corporation of Rochdale.
HEWITT, Dr. D. B., Cheshire County College.
HEWLETT, Dr. R. TANNER, London School of Tropical Medicine; and Seamen's Hospital Society.
HICKS, FREDERICK, Metropolitan Cattle and Sheep Trade Association.
HILL, Dr., M.O.H., Durham County Council.
HILL, A. BOSTOCK, M.D., M.O.H., Birmingham Corporation; and Warwickshire County Council.
HILL, JOHN, Metropolitan Cattle and Sheep Trade Association.
HILLABY, ARTHUR, Pontefract Corporation.
HILLS-JOHNES, Lt.-Gen. Sir JAMES, University of Wales, Brecon.
HINDMARSH, Alderman E., Gateshead Corporation.
HIRONS, Alderman GEO. M., Bournemouth Corporation.
HIRST, GEORGE, Councillor, Batley Corporation.
HIRST, ROWLAND, Metropolitan Borough of Stepney.
HITCHON, H. H. J., M.O.H., Heywood Corporation, Lancs.
HOBDEN, Councillor R. C., Lewes Corporation.
HODGKINSON, ALEX., M.B., Manchester Literary and Philosophical Society; and Manchester Hospital for Consumption and Diseases of Throat.
HODGSON, Dr. W., Cheshire County Council.
HOLBURN, A., M.R.C.V.S., Manchester Corporation.
HOLROYDE, E. J., M.D., M.O.H., Chatham Corporation.
HOLT, Alderman THOMAS (Mayor), Lancashire Corporation, Bury.
HOPE, Professor E. W., M.D., University College, Liverpool; and Corporation of Liverpool.
HOPKIN, Councillor M., Incorporated Butchers' and Dealers' Association.
HORNE, Alderman J.P. (Mayor), Derby Borough.
HORNER, ISAAC, Leeds District Cowkeepers' Association.
HORSFALL, Councillor, Bradford and District Butchers' Association.
HOULDING, Alderman JOHN, J.P., Liverpool Corporation.
HOWARD, HENRY, Worcestershire County Council.
HOWARTH, Dr. W. J., M.O.H., Derby Borough.
HOWES, WILLIAM, Metropolitan Borough of Finsbury.
HUBBERSTY, R. S., M.D., Society for the Prevention and Cure of Consumption in the County of Durham.
HUDSON, Councillor ALBERT, Wakefield Corporation.
HUGHES, Councillor, J.P., Corporation of Cardiff.
HUGHES, W. H. (Mayor), Margate Corporation.
HULFORD, C. F., M.R.C.V.S., Southern Counties Veterinary Medical Association.
HUNTER, WM. LOVELL, M.O.H., Pudsey Corporation.
HUNTING, W., F.R.C.V.S., National Veterinary Society.
HUTTON, Dr., Manchester Hospital for Consumption.

IMRIE, Alderman, Borough of South Shields.
INNES, Lieutenant-Colonel F. N., Aberdeen County Council.
ISHERWOOD, THOMAS, M.A., LL.D., Southport Corporation.

JACKSON, Dr. J. C., M.O.H., Fulham Metropolitan Borough.
JACKSON, Alderman T. V., Wolverhampton Corporation.
JACOBS, Alderman T. WINDSOR, Cardiff Corporation.
JAGO, Councillor, Borough of Hove.
JEFFERYS, J. H., Kendal Town Council.
JEFFREYS, A. F., M.P., Central Chamber of Agriculture.
JESSOP, Alderman W. H., J.P., Huddersfield Corporation.
JOHNSON, G. PETGRAVE, M.D., M.O.H., Borough of Stoke-upon-Trent.
JONES, A. EMRYS, M.D., J.P., University of Wales.

JONES, Dr. EVAN, Finsbury Metropolitan Borough.
JONES, Councillor H. J., Fulham Metropolitan Borough.
JONES, Dr. J. HOWARD, M.O.H., Newport County Borough.
JONES, ROBERT, M.D., Medico-Psychological Association.
JONES, S. HERBERT, West of England and South Wales Branch Incorporated Society of Medical Officers of Health.
JONES, Alderman THOMAS, Newport County Borough.
JONES, T. EATON, Liverpool Corporation.
JOWETT, Alderman J. D., Bradford Corporation.

KAY, JAMES, Royal Lancashire Agricultural Society.
KAYE, JAMES R., M.B., D.P.H., M.O.H., Wakefield County Council.
KEMPSTER, Dr. W. H., Battersea Metropolitan Borough.
KENNEDY, HENRY, Southport Corporation.
KENT, Professor A. F. STANLEY, University College, Bristol.
KENWOOD, Dr. H. R., M.O.H., Childhood Society; and Incorporated Society of Medical Officers of Health, Croydon Branch.
KIDSON, A. F. (Town Clerk), Folkestone Corporation.
KILBURN, Alderman, Dewsbury Corporation.
KING, GEORGE E., M.R.C.V.S., Royal Counties Veterinary Medical Association.
KING, Bailie JOHN, Glasgow Corporation.
KING, J. T., M.R.C.V.S., Bournemouth Corporation; and Southern Counties Veterinary Medical Association.
KINGSBURY, Alderman G. C., Blackpool Corporation.
KINKEAD, Professor R. J., M.D., J.P., Queen's College, Galway.
KIRKWOOD, JAMES, Glasgow United Fleshers' Society.
KNOWLES, ALEXANDER, Inverness Town Council.

LAMBERT, Councillor RICHARD B., York Corporation.
LAMBERT, GEORGE, M.P., Exeter County Council.
LANCASTER, Councillor W. J., Birmingham Corporation.
LANDER, W. H., Salop County Council.
LAURIE, Councillor, Derby Corporation.
LAWRIE, J. MACPHERSON, M.D., J.P., Dorset County Council.
LAWSON, Councillor EDWARD, Leeds Corporation.
LEADBETTER, E. W., City of Sheffield Butchers' Association.
LEE, Councillor WILLIAM, Coventry Corporation.
LEITH, Professor R. F. C., M.D., Birmingham University.
LEVINSOLM, H. R., Jewish Board of Guardians.
LINDSAY, JAMES A., M.D., Natural History Philosophical Society; and Queen's College, Belfast.
LINDSEY, JOHN, London Butchers' Trade Association.
LISTER, Lord, M.D., LL.D., F.R.S., British Association for the Advancement of Science; and Royal Society.
LISTER, JOSEPH, City of Sheffield Butchers' Association.
LITCHFIELD, F., National Deposit Friendly Society.
LITT, W. E., M.R.C.V.S., Salop County Council.
LITTLE, Dr. HENRY S., Reading and Upper Thames Branch of the British Medical Association.
LITTLEJOHN, Sir HENRY D., M.D., M.O.H., Edinburgh University.
LITTLEJOHN, Dr. T. H., M.O.H., Scarborough Corporation.
LITTLEWOOD, Dr., Nottingham Association for the Prevention of Consumption.
LIVINGSTONE, Alderman, M.D., Durham County Council.
LLOYD, F. J., British Dairy Farmers' Association.
LLOYD, J. S., M.R.C.V.S., Health Committee of Sheffield City Council.
LOE, Alderman Dr. J. S., Leeds Corporation.
LOUIS, D. A., North of England Mining and Mechanical Institute.
LOWEY, THEODORE, City of Liverpool and District Butchers' Association.
LOYD, A. KIRKMAN, K.C., M.P., Berkshire County Council.

LUND, Councillor WILLIAM, York Corporation.
LUPTON, W. C., J.P. (Mayor), Bradford Corporation.
LUSH, WILLIAM VAWDREY, M.D., Dorset and Hants Branch of the British Medical Association.
LYNHAM, Professor JOHN ISAAC, M.D., Queen's College, Galway.
LYON, Bailie ALEXANDER, Aberdeen County Council.
LYON, B. A., North London Hospital for Consumption.

MCALDOWIE, Dr. A. M., M.D., Staffordshire Branch, British Medical Association.
MACALISTER, CHARLES J., M.D., Royal Southern Hospital, Liverpool.
MCCANDLISH, Councillor G., Leeds Corporation.
MACCARTHY, Councillor, Dr., St. Pancras Metropolitan Borough.
MCCARTHY, JUSTIN C., M.D., Salop County Council.
MCCAW, JOHN, M.D., Ulster Medical Society.
MCCLEAN, Councillor, Brighton Corporation.
MCCLEARY, Dr. G. F., M.O.H., Battersea Borough Council.
MCDOUGALL, Alderman, Manchester Corporation.
MCKINNA, J., F.R.C.V.S., Yorks Veterinary Medical Society.
MACLAY, Councillor J.P., Orphan Homes of Scotland and Sanatoria.
MCMANUS, L. S., M.D., Battersea Borough Council.
MACQUEEN, Professor J., F.R.C.V.S., Central Veterinary Association.
MCVAIL, J. C., M.D., Incorporated Society of Medical Officers of Health; and Stirling County Council.
MCWEENEY, Professor E. J., M.D., University School of Medicine of Ireland.
MAGGS, W. A., Odontological Society.
MAGUIRE, Dr. ROBERT, Medical Society of London.
MALCOLM, JOHN, M.R.C.V.S., Veterinary Deputy for Corporation of Birmingham.
MANLEY, Dr. T. H., Corporation of West Bromwich.
MANNING, H. G., South Branch of British Medical Association.
MARSDEN, Dr. R. SYDNEY, M.O.H., Corporation of Birkenhead.
MARSH, HOWARD, F.R.C.S., Schools Association Medical Officers; and Clinical Society of London.
MARSHALL, Mrs. LEONARD, Guardians of the Poor, Islington.
MARTIN, Dr. F. W., M.O.H., Corporation of Brighouse.
MARTIN, SIDNEY, M.D., F.R.S., Medical Society of London.
MARTINEAU, JOHN, County Council of Southampton.
MASON, Alderman E. G., Corporation of Birkenhead.
MASON, Dr. WRIGHT, D.P.H., M.O.H., Corporation of Hull.
MASSEY, Alderman J., The Scholes, St. Helens.
MASSEY, J. B., County Borough of Burnley.
MEARS, Mrs. ISABELLA, L.R.C.P., Woodburn Sanatorium.
MELLOR, Alderman Dr., Corporation of Bury.
MENLOVE, Alderman THOMAS, Corporation of Liverpool.
MESSITER, Dr., Dudley Corporation.
METTAM, Professor A. E., M.R.C.V.S., Veterinary Medical Association of Ireland.
MIDDLETON, JOHN M., Wholesale Meat and Cattle Salesmen's Association.
MIDDLETON, W. J., Councillor, Town Council of Aberdeen.
MILLARD, C. KILLICK, M.D., M.O.H., Leicester Corporation; and Burton-on-Trent Borough.
MILLIGAN, Councillor Dr. R. A., Northampton Corporation.
MILLSON, GEORGE, M.O.H., Southwark Borough.
MITCHELL, Councillor THOMAS, Greenock Corporation.
MITCHELL, Councillor WALTER H., Bury Corporation.
MONTEFIORE, Lieutenant-Colonel, Charity Organisation Society.
MONTGOMERY, ROBERT J., Apothecaries' Hall, Dublin.
MOODY, H. F., Grimsby Urban Sanitary Authority.
MOORE, Alderman, South Shields Town Council.
MOORE, SAMSON GEORGE, M.O.H., Huddersfield Corporation.
MORGAN, Dr. H., Major, Lichfield Corporation.
MORISON, JOHN, M.D., St. Albans Rural District Council.
MORITZ, Dr. S., Manchester Consumption Hospital.
MORTON, W. J., North London Hospital for Consumption.

MOSSOP, ISAAC, F.R.C.S., Bradford Branch of the National Association for the Prevention of Consumption.
MOTT, F. W., M.D., Medical Psychological Society.
MOULLIN, J. A. M., M.A., M.B., British Gynæcological Society.
MUIR, Professor ROBERT, M.D., Faculty of Physicians and Surgeons of Glasgow.
MUNRO, Dr. HECTOR, Bradford Union.
MURISON, PATRICK, M.B., J.P., M.O.H., County Council of Sutherland.
MURPHY, SHIRLEY F., London County Council.
MURRAY, GEORGE R., M.D., The College of Medicine of the University of Durham.
MUTCH, Alderman, Dr., Nottingham Corporation.
MYERS, THOMAS, National Federation of Meat Traders' Association.

NASMYTH, T. G., M.D., M.O.H., F.R.S.E., Fife County Council.
NAYLOR, Councillor, Derby Corporation.
NEECH, J. T., M.O.H., Halifax Corporation.
NETHERCLIFT, W H., F.R.C.S.E., J.P., Canterbury Corporation.
NEWMAN, G., M.D., Metropolitan Borough of Finsbury.
NEWSHOLME, G. W., Sheffield Union.
NEWTON, Alderman H. W., Newcastle-upon-Tyne Corporation.
NICHOLLS, Dr. GORDON FITZHERBERT, Parish of Birmingham Board of Guardians.
NICOLL, J. M., M.B., Jarrow Corporation.
NIVEN, JAMES, M.B., M.O.H., Owens College, Manchester Corporation.
NORWAY, Dr. N. E., South-West Branch British Medical Association.
NUNN, PHILIP W. G., Bournemouth County Borough.
NUTTALL, W. S., Bolton and District Association of Dairy Farmers.
NUTTER, Councillor, Burnley Corporation.

OATES, THOMAS, London Butchers' Trade Society.
O'CONNOR, BERNARD, North London Hospital for Consumption.
O'CONNOR, J., Poplar and Stepney Sick Asylum.
O'CONNOR, J. E., M.D., M.O.H., Lowestoft Corporation.
O'FLAHERTY, R. G., M.B., Apothecaries' Hall, Dublin.
OLDFIELD, Dr. JOSIAH, Oriolet Hospital.
OLIVER, Professor THOMAS, M.A., M.D., University of Durham College of Medicine.
OMMANEY, Colonel E. L., Greenwich Corporation.
ORMSBY, L. H., M.D., Royal College of Surgeons, Ireland.
OUSTON, THOMAS GEORGE, F.R.C.S., Newcastle-on-Tyne Clinical Society.
OWEN, E. P., M.R.C.V.S., Royal Counties Veterinary Medical Association.
OWEN, ISAMBARD, M.A., M.D., University of Wales, Brecon.
OXLEY, Councillor OLIVER, Huddersfield Corporation.

PAGET, C. E., M.O.H., Northampton County Council.
PARKER, CECIL T., the Hon., Royal Agricultural Society of England.
PARKER, W. R., M.D., Kendal Corporation.
PARKES, Alderman, Bury Corporation.
PARKES, LOUIS, M.D., Sanitary Institute.
PARR, Alderman, Eccles Corporation.
PARSONS, A. R., M.B., Royal Academy of Medicine, Ireland.
PATERSON, W. B., F.R.C.S., British Dental Association.
PATTIN, H. COOPER, M.D., M.O.H., Norwich Corporation.
PAYNE, WILLIAM, National Federation of Meat Traders' Association.
PEARSON, C. E., National Federation of Meat Traders' Association.
PEARSON, T., Folkestone Corporation.
PEASE, Alderman FRANCIS WILLIAMS, Pontefract Corporation.
PEDEN, Councillor, Folkestone Corporation.

PEET, J. O., B.Sc., Reading College.
PENHALE, R. E. L., M.R.C.V.S., Western Counties Veterinary Association.
PENHALE, W., F.R.C.V.S., Devon and Cornwall Branch of the National Association for the Prevention of Consumption.
PENN, Councillor, Tunbridge Wells Corporation.
PERNELL, E. W., Lord Mayor of York, York Corporation.
PESKETT, A. F., M.O.H., Notts Medical Chirurgical Society.
PHILIP, R. W., F.R.S.E., M.D., Royal College of Physicians, Edinburgh ; and Scottish Association of Medical Education of Women.
PHILIPSON, Sir G. HARE, M.D., D.C.L., College of Medicine of the University ot Durham.
PHILLIPS, Councillor Dr. E. E., J.P., Bath Urban Sanitary Authority.
PHILLIPS, Councillor WILLIAM, City of Liverpool and District Butchers' Association.
PHILLIPS-CONN, Councillor H. H. D., Reading and Upper Thames Branch of the British Medical Association.
PIGOTT, T. C. H., M.D., M.O.H., Teignmouth Urban District Council.
PILE, Sir THOMAS, Bart., Dublin Corporation.
PILKINGTON, Alderman R., J.P., M.P., St. Helens Corpotation.
PINK, Sir WILLIAM, Portsmouth Corporation.
PLUMMER, W. R., M.P., Newcastle and Northumberland Branch of the National Association for the Prevention of Consumption.
POLLARD, Bailie (since deceased), Edinburgh Corporation.
POOLE, CHARLES A., Poplar and Stepney Sick Asylum District.
POOLE, E. E., London Chamber of Commerce.
POPE, FRANK M., M.B., Leicester Branch of the National Association for the Prevention of Consumption.
PORTER, CHARLES, M.D., D.P.H., Manchester and Salford Sanitary Association.
PORTER, Dr. CHARLES, Shrewsbury County Council.
PRATT, REGINALD, M.D., Leicester Branch of the National Association for the Prevention of Consumption.
PRICHARD, R., M.D., Llandaff and Dinas-Powis Rural District Council.
PRIESTLY, JOSEPH, M.D., D.P.H., M.O.H., Borough of Lambeth.
PRINCE, JAMES, Flintshire County Council.
PRITCHARD, G., Borough of Lambeth.
PYE-SMITH, E. H., M.B., F.R.S., University of London.

RAMSAY, JAMES, M.D., M.O., York Branch of the National Association for the Prevention of Consumption.
RAMSDEN, Councillor WILLIAM, Liverpool Corporation.
RAMSEY, Councillor THOMAS, Jarrow Corporation.
RANDALL, J. GURNEY, London Chamber of Commerce (Meat and Cattle Traders' Section).
RANSOM, W. B., M.A., M.D., Notts Association for the Prevention of Consumption.
RANSOME, A. SIDNEY, M.D., D.P.H., Union District Council, Southgate.
RANSOME, Dr. H. F., Manchester and Salford Sanitary Association.
RATCLIFFE, Councillor GEORGE, Leeds Corporation.
READ, MABYN, M.D., M.O.H., Worcester Corporation.
RECKITT, Sir JAMES, Bart., J.P., East Riding County Council.
REDMAN, Alderman F., Southwark Corporation.
REICHEL, HENRY R., University College, North Wales.
REID, GEORGE, M D., M.O.H., Staffordshire County Council.
REID, WILLIAM, London Central Meat and Poultry Markets Association.
RENWICK, GEORGE, M.P., Newcastle-on-Tyne and Northumberland Branch of the National Association for the Prevention of Consumption.
RICHARDS, H. MEREDITH, M.O.H., Croydon County Council.
RITCHIE, R. P., M.D., F.R.S.E., Edinburgh Parish Council.
ROBERTS, JOHN, M.D., Chester Corporation.
ROBERTSON, JOHN, M.D., M.O.H., University College, Sheffield ; County Council, Sheffield ; and Medical Chirurgical Society, Sheffield.
ROBINSON, M. K., M.D., Dover Corporation.

ROBINSON, THOMAS, M.O.H., Leicester Branch of the National Association for the Prevention of Consumption.
ROBINSON, Councillor HENRY, Hull Corporation.
ROBINSON, WILLIAM, M.D., Society for the Prevention and Cure of Consumption in County Durham.
ROBINSON, W. F., Birmingham Board of Guardians.
ROCHE, Dr. ANTONY, Royal University, Ireland.
ROGERS, J. W., Battersea Metropolitan Borough.
ROSE, DAVID, Birmingham Butchers' Trade and Benevolent Association.
RUBIE, Alderman J., Bath Urban Sanitary Authority.
RUSSELL, CHARLES HENRY, D.P.H., Yarmouth Corporation.
RUTHERFORD, Councillor, Jarrow Corporation.
RUTTER, Alderman J. R., Bolton Corporation.
RYLEY, JAMES, M.D., Yarmouth Corporation.
RYMER, Alderman S. L., J.P., Croydon County Council.

SANDERS, CHARLES, M.O.H., County Borough of West Ham; and The Incorporated Society of Medical Officers of Health.
SAVAGE, THOMAS, M.D., Warwickshire County Council.
SAYER, Councillor W. R., Fulham Metropolitan Borough.
SCATLIFFE, A. W., M.O.H., D.P.H., Margate Corporation.
SCHOFIELD, Councillor, Pontefract Corporation.
SCOTT, JAMES C., Society for the Prevention and Cure of Consumption in County Durham.
SCURFIELD, HAROLD, M.D., M.O.H., Sunderland Corporation; and the Society for the Prevention and Cure of Consumption in County Durham.
SEATON, EDWARD, M.D., M.O.H., Surrey County Council.
SELL, G., Town Council of Luton.
SEMON, Sir FELIX, M.D., Laryngological Society of London.
SEPHTON, Dr. R., Lancashire County Council.
SERGEANT, Dr. E., Lancashire County Council.
SETTLE, JOHN, M.O.H., Barrow-in-Furness Corporation.
SEVESTRE, ROBERT, M.D., Leicester Branch of National Association for the Prevention of Consumption.
SHARMAN, MARK, M.B., Rickmansworth Urban District Council.
SHATTOCK, S. J., Pathological Society.
SHAW, Alderman R. M., J.P., Huddersfield Corporation.
SHELLY, Dr. C. E., Schools Association of Medical Officers.
SHELMERDINE, Councillor, Liverpool Corporation.
SHIPLEY, WM., F.R.C.V.S., Eastern Counties Veterinary Medical Society.
SHORT, Alderman E., Newcastle Corporation.
SILCOCK, J. B. (Mayor), Bath Urban Sanitary Authority.
SIMPSON, J. F., Berkshire County Council.
SINCLAIR, HOWARD, M.D., Belfast Branch of the National Association for the Prevention of Consumption.
SKERRITT, E. MARKHAM, M.D., British Medical Association.
SKINNER, D. S., M.D., Willesden District Council.
SLOCOCK, S. H., F.R.C.V.S., Central Veterinary Medical Association.
SMEETH, H. G., Stockport Corporation.
SMITH, Dr., Metropolitan Borough of Wandsworth.
SMITH, Councillor Dr. ALEXANDER, Camberwell Corporation.
SMITH, EDMUND M., M.D., D.P.H., M.O.H., York Corporation.
SMITH, Dr. JOSEPH, The Incorporated Medical Practitioners' Association.
SMITH, J. L., M.D., Queen's College, Belfast.
SMITH, J. T., Leicester Branch of the National Association for the Prevention of Consumption.
SMITH, Councillor P., Bradford Corporation.
SMITH, S., M.R.C.V.S., Eastern Counties Veterinary Medical Society.
SMITH, Alderman T. H., Blackpool Corporation.
SMITH, Alderman W., M.D., Manchester Corporation.
SMITH, Alderman WALTER, M.D., Borough of St. Pancras.

SMITH, W. R., M.D., Metropolitan Borough of Holborn.
SMYTH, G. W., Hospital Saturday Fund.
SNAPE, ERNEST, M.D., Metropolitan Borough of Holborn.
SNOW, W. VICARY, M.D., Dorset and West Hants Branch of the British Medical Association.
SOMERS, F. W., M.R.C.V.S., Yorks Veterinary Medical Society.
SOMERVILLE, A. F., Somerset County Council.
SPENCE, J. B., M.D., Medico Psychological Society.
SPITTLE, Councillor W. G., County Borough of West Ham.
SPRING, Rev. E. H., National Deposit Friendly Society.
SPURGEON, Alderman, Folkestone Corporation.
SPURRELL, C., F.R.C.S., Poplar and Stepney Sick Asylum District.
SQUAIR, Bailie FRANCIS, Inverness Town Council.
SQUIRE, J. E., M.D., D.P.H., North London Hospital for Consumption; and National Health Society.
STAFFORD, T. J., F.R.C.S., Local Government Board, Dublin.
STAFFORD, Alderman J. E. (Mayor), Brighton Corporation.
STAMFORD, WILLIAM, M.O.H., Tunbridge Wells Corporation.
STAPLETON, ALFRED, Metropolitan Dairymen's Society.
STEAR, Councillor, Saffron Walden Corporation.
STEEDE, B. H., M.D., National Hospital for Consumption, Ireland.
STEEL, JOHN, M.R.C.V.S., Border Counties Veterinary Medical Society.
STEINHAEUSER, J. R., M.O.H., M.B., Lewes Corporation.
STEPHENS, L. E. W., M.O.H., Warblington Urban District Council.
STEVEN, J. L., M.D., Faculty of Physicians and Surgeons.
STEVENS, F., M.O.H., Borough of Camberwell.
STEVENSON, T., M.D., Institute of Chemistry of Great Britain and Ireland; and Chemical Society.
STEWARD, J. A. (Mayor), Worcester Corporation.
STILES, H. J., Royal College of Surgeons, Edinburgh.
STIMPSON, GEORGE, London Central Meat and Poultry Market Association.
STOCKALL, J. J., Manchester Unity, Independent Order of Oddfellows.
STOCKMAN, Professor RALPH, University of Glasgow; and Glasgow Branch of the National Association for the Prevention of Consumption.
STONER, F., City of Liverpool and District Cowkeepers' Association.
STORIE, JOHN, M.R.C.V.S., Scottish Metropolitan Veterinary Medical Society.
STOUT, Alderman E., Newcastle-on-Tyne Corporation.
STRACHEY, EDWARD, M.P., Central Chamber of Agriculture.
STREETEN, F. E., M.O.H., Swindon Corporation.
STROUD, E. L., M.R.C.V.S., Central Veterinary Medical Association.
STUART, J. A. ERSKINE, M.O.H., Batley Corporation.
SUGDEN, Alderman H., Wakefield County Council.
SUTTON, Alderman, Warrington County Council.
SWITHINBANK, HAROLD, Royal Agricultural Society of England.
SWORDER, HORACE, M.O.H., Luton Corporation.
SYMONS, W. H., M.D., M.O.H., Bath Urban Sanitary Authority.

TEMPLEMAN, CHARLES, M.D., M.O.H., Dundee Town Council; and University of St. Andrew's.
TETLEY, Alderman C. F., J.P., Leeds Association for Prevention and Cure of Tuberculosis.
TEW, J. S., M.O.H., Incorporated Society of Medical Officers of Health, Home Counties Branch; and West Kent District Branch.
THOMAS, D. C., M.O.H., D.P.H., Metropolitan Borough of Stepney.
THOMAS, Councillor H. J., Bath Urban Sanitary Authority.
THOMAS, THOMAS, Leeds and District Cowkeepers' Association.
THOMAS, WALTER W., Society of Architects.
THOMPSON, Councillor WILLIAM, Richmond Corporation.
THOMSON, J. ROBERTS, M.D., J.P., British Medical Association; and Hampshire County Council.
THORNE, Dr. W. BEZLEY, Royal British Nurses' Association.

THOROWGOOD, Dr., Society of Apothecaries, London.
THURNAM, W. ROWLAND, M.D., Nordrach-upon-Mendip Sanatorium.
TODD, Miss HELEN, Matrons' Council for Great Britain and Ireland.
TODD, Councillor W. LANG, Edinburgh Corporation.
TOMLIN, WILLIAM, Thanet Rural District Council.
TOPHAM, T., Salop County Council.
TRENCHARD, H. J., Nordrach-upon-Mendip Sanatorium.
TREVELYAN, Professor E. F., M.D., Victoria University; and York College, Leeds.
TROTTER, A. M., M.R.C.V.S., Glasgow Corporation (Police Department).
TUBB-THOMAS, JOHN, D.P.H., M.O.H., Wilts County Council.
TULLIS, JAMES T., Vice-Coroner of the county, Lanarkshire County Council.
TURNER, T. W., M.R.C.V.S., Lincolnshire Veterinary Medical Association.

VACHER, FRANCIS, F.R.C.S., M.O.H., Cheshire County Council.
VALLANCEY, A. DE, Hammersmith Board of Guardians.
VINRACE, Councillor Dr., Kensington Metropolitan Borough.
VOELCKER, J. A., M.D., Royal Agricultural Society.

WACHER, F., M.O.H., Canterbury City Council.
WADE, W. S., M.O.H., Wakefield Corporation.
WAITE, Councillor Dr. D. A., Metropolitan Borough of Paddington.
WAKEMAN, Sir OFFLEY, Bart., Salop County Council.
WALDEN, ROBERT WOOLLEY, Westminster City Council,
WALFORD, EDWARD, M.D., M.O.H., Cardiff Corporation.
WALKER, Councillor Dr. J. WEST, J.P., Lincolnshire (Linsey) County Council.
WALTERS, Dr. J. HOPKINS, Reading Corporation.
WARDLEWORTH, Councillor, Bury Corporation.
WARREN, M., Llandaff and Dinas Powis Rural District Council.
WARRY, Dr. J. K., Hackney Borough.
WATERS, A. C., M.O.H., M.B., Southend-on-Sea Corporation.
WATSON, J. H., City Council of Westminster.
WATSON, WM., M.O.H., Rochester Corporation.
WATT, JAMES P., M.O.H., M.B., Aberdeen County Council.
WATTS, SYDNEY, Yeovil Corporation.
WATTS, W. F., M.O.H., Dewsbury Corporation.
WEAR, A. T., M.D., Northern Counties Hospital for Consumption.
WEATHERLY, LIONEL A., M.D., Medical Psychological Society; and Three Counties Branch of the National Association for the Prevention of Consumption.
WEAVER, J. J., M.O.H., Southport Corporation.
WEEKES, ARTHUR, East Sussex County Council.
WELCH, W., Surrey County Council.
WELLS, ERNEST, Hospital Saturday Fund.
WESTMACOTT, F. H., F.R.C.S., Clinical Society, Manchester.
WETHERELL, Alderman T., Northampton Corporation.
WHARAM, S., M.R.C.V.S., Yorkshire Veterinary Medical Society.
WHEATLEY, JAMES, M.D., M.O.H., Blackburn Corporation.
WHERLEY, Councillor E., Metropolitan Borough of Stepney.
WHERRY, Alderman W. R., J.P., Kesteven County Council.
WHITAKER, Dr. A. B., Wakefield Corporation.
WHITE, JAMES, J.P., LL.D. (Mayor), Borough of Lambeth.
WHITLA, WM., M.D., Royal University of Ireland.
WILD, Councillor GEORGE S., Bootle Corporation.
WILKINSON, Dr. JAMES B., Oldham Borough Council.
WILKINSON, JAMES HOWARD. M.O.H., Dudley Corporation.
WILKINSON, WILLIAM, Derby Corporation.
WILLIAMS, Dr. C. THEODORE, Royal College of Physicians; and Royal Medical and Chirurgical Society.
WILLIAMS, J. H., M.D., Flint Town Council.

WILLIAMS, WILLIAM, M.D., M.A., University College of South Wales and Cardiff.
WILLIAMS, Professor W. OWEN, F.R.C.V.S., National Veterinary Association
WILLOUGHBY, W. G., M.O.H., Sanitary Committee of Eastbourne Town Council.
WILLS, Hon. H. CECIL, Devon and Cornwall Branch of National Association for Prevention of Consumption.
WILSON, Councillor Dr. A., Newcastle-on-Tyne Corporation.
WILSON, Dr. J. L., Edinburgh Parish Council.
WILSON, JOHN, T., M.B., Lanark County Council.
WILSON, Scarlyn, M.O.H., Hastings Corporation.
WINDLEY, Alderman, Leicester Corporation.
WISEMAN, R., Bradford Butchers' Association.
WOODCOCK, Dr. H. de C., Leeds Association for the Prevention and Cure of Tuberculosis.
WOODHEAD, Professor SIMS, M.D., F.R.S.E., University of Cambridge.
WOODHOUSE, Dr. R. H., British Dental Association.
WOOLDRIDGE, Professor G., Royal Agricultural College, Cirencester.
WOOLSTON, C. J. K., Northampton County Council.
WRAY, G. B., D.P.H., M.O.H., Basford Rural District Council.
WRIGHT, Sir THOMAS, Leicestershire Branch of the National Association for the Prevention of Consumption.
WYATT, A., Bath Butchers' Association.

YOUNG, MEREDITH, M.D., M.O.H., D.P.H., Stockport County Borough.
YOUNG, Capt. OLIVER, R.N., M.P., Berkshire County Council.
YUNGE-BATEMAN, M. G., Folkestone Borough.

ALPHABETICAL LIST OF BRITISH CORPORATIONS, SOCIETIES, ETC.,

WITH NAMES OF DELEGATES.

Aberdeen, County Council of.
Innes, Lieut.-Col. F. N.
Watt, James P., M.O.H.

Aberdeen, Town Council of.
Cameron, Kenneth (Sanitary Insp.).
Hay, Matthew, M.D., M.O.H.
Lyon, Bailie Alex.
Middleton, Councillor.

Aberdeen, University of.
Hamilton, Prof. D. J., F.R.C.S.E., F.R.S.E.
Hay, Prof. Matthew, M.D., M.O.H.

Agriculture, Central Chamber of.
The Marquess of Bath.
Godfrey, Ernest H. (Secretary).
Jeffreys, A. F., M.P.
Strachey, Edward, M.P.

Agricultural College, Cirencester (Royal).
Woodridge, Prof., M.R.C.V.S.

Agricultural Society of England (Royal).
Brown, Prof., Sir George, C.B.
Clarke, Sir Ernest.
Parker, The Hon. Cecil T.
Swithinbank, Harold.
Voelcker, Augustus J., M.D., F.I.C.

Agricultural Society (Royal).
See *Lancashire.*

Alloa, Burgh of.
Arrol, Bailie A. T.

Ancient Free Gardeners' Friendly Society.
Boyd, James.

Ancient Order of Foresters.
See *Gloucester.*

Anderson's College. See *Glasgow.*

Apothecaries' Company. See *London.*

Apothecaries' Society. See *London.*

Apothecaries' Hall. See *Ireland.*

Architects, Royal Institute of.
Graham, Alexander, F.S.A.
Hall, Edwin T., F.R.I.B.A.

Architects, Society of.
Thomas, Walter W.

Armourers' and Braziers' Company. (No delegate.)

Barrow-in-Furness, Corporation of.
Chapman, Councillor L. P.
Settle, J., M.O.H.

Basford, Rural District Council of.
Wray, Dr. G. B., D.P.H., M.O.H.

Bath, Butchers' Association.
Fry, Henry A. (Hon. Secretary).
Wyatt, Alexander (President).

Bath, Corporation of (Sanitary Authority).
Phillips, Councillor Dr. E. E., J.P.
Rubie, Alderman J.
Silcock, T. B. (Mayor).
Symons, W. H., M.D., D.P.H., M.O.H.
Thomas, H. J.

Bath, Rural District Council of.
Harper, Dr. Charles, M.O.H.

Bath and West, and Southern Counties Society.
Brown, Sir George, C.B.

Batley, Corporation of.
Blackburn, Alderman John (Mayor).
Hirst, Councillor George (Chairman of Sanitary Committee).
Stuart, Dr. J. A. Erskine, M.O.H.

Battersea, Borough Council of.
Chown, J. C.
McCleary, Dr. G. F.
McManus, L. S., M.D.
Rogers, J. W.

Belfast Natural History and Philosophical Society.
Lindsay, Prof. James A., M.A., M.D.

Belfast, Queen's College.
Lindsay, Prof. James A., M.D.
Smith, J. Lorrain, M.D.

Berkshire, County Council of.
Loyd, Archie Kirkman, K.C., M.P.
Simpson, James Ferguson.
Young, Captain Oliver, R.N., M.P.

Bermondsey, Metropolitan Borough of.
Brown, Richard King, M.B., M.O.H.

Berwick-on-Tweed, Borough of.
Cameron, John, M.R.C.V.S.

Birkenhead, Corporation of.
Cook, Thomas (Mayor).
Getley, Alderman (Chairman of Health Committee).
Marsden, Dr. R. Sydney, M.O.H., F.R.S.E.
Mason, Alderman.

Birmingham, Corporation of.
Barratt, Dr. Alfred.
Cook, Alderman W. (Chairman of Health Committee).
Hill, Alfred Bostock, M.D., M.O.H.
Lancaster, Councillor W. J., J.P.

Birmingham and District Butchers' Trade and Benevolent Association.
Allday, James.
Gough, Arthur.
Rose, David.

Birmingham, Parish of.
Forrester, J. H.
Nicholls, Dr. Gordon F.
Robinson, W. F.

Birmingham, Veterinary Department.
Malcolm, John.

Birmingham, University of.
Hill, Prof. Bostock, M.D., M.O.H.
Leith, Prof. R. F. C., M.A., M.D.

Blackburn, Corporation of.
Wheatley, James M.D., M.O.H.

Blackpool, Corporation of.
Anderson, A. Jasper, M.B., M.O.H.
Kingsbury, G. C., M.D.
Smith, Alderman T. H. (Mayor).

Bodmin, County Council of.
Boscawen, Hon. J. R. de C.

Bolton, Corporation of.
Flitcroft, Dr. T. E.
Gould, Dr. J. E., M.O.H.
Rutter, Alderman J. R. (Chairman of Health Committee).

Bolton and District Association of Dairy Farmers.
Nuttall, W. S.

Bootle, Borough of.
Barlow, Dr. W. N., M.O.H.
Cain, Alderman (Chairman of Health Committee).
Daley, Dr. (Inspector of Nuisances).
Wild, Councillor.

Border Counties Veterinary Medical Society. See *Veterinary.*

Bournemouth, Borough of.
Hirons, Alderman.
King, J. T., M.R.C.V.S.
Nunn, Dr. P. W. G.

Bradford, Corporation of.
Evans, W. Arnold, M.D., M.O.H.
Jowett, Alderman J. W. (Chairman of Health Committee).
Lupton, William C. (Mayor).
Smith, Councillor Philip.

Bradford District Butchers' Association.
Fawcitt, Isaac.
Horsfall, Councillor.

Bradford, Union of.
Munro, Dr. Hector.

Brecon, Corporation of. (No delegate.)

Brighouse, Corporation of.
Martin, Dr. F. W., M.O.H.

Brighton, Corporation of.
Blaker, Councillor.
Galliers, Councillor.
McLean, Councillor.
Newsholme, Dr. Arthur, M.O.H.
Stafford, Alderman J. E. (Mayor).

Bristol Medical Library.
Griffiths, Dr. L. M.

Bristol University College, Faculty of Medicine.
Clarke, J. Michell, M.A., M.D.
Davies, D. S., M.D., M.O.H.

British Association for Advancement of Science.
Foster, Prof. Sir Michael, K.C.B., M.D.
Lister, Lord, M.D., F.R.C.S., F.R.C.S.E., F.R.S., LL.D.

British Dairy Farmers' Association.
Ashcroft, W.
Axe, Professor J. Wortley.
Lloyd, F. J.

British Dental Association.
Dolamore, Dr. W. H. (Treasurer).
Paterson, W. B., F.R.C.S. (Hon. Sec.).
Woodhouse, Dr. R. H. (President).

British Gynæcological Society.
Travers, William, M.D., (President).

British Medical Association, London.
Barr, James, M.D.
Elliston, W. A., M.D., J.P. (President).
Handford, H., M.D.
Skerritt, E. Markham, M.D.
Thomson, J. Roberts, M.D., J.P.

British Medical Association, Dorset and West Hants Branch.
Lush, William Vaudrey, M.D., F.R.C.S.
Snow, William Vicary, M.D., F.R.C.S.

British Medical Association, Reading and Upper Thames Branch.
Ashby, Dr. Alfred, M.O.H.
Little, Dr. Henry S. (President of Branch).
Phillips-Conn, Dr. H. H. (Hon. Sec. of Branch).

British Medical Association, Southern Branch.
Manning, H. J. (Hon. Secretary of Branch).

British Medical Association, South Wales and Monmouth Branch.
Davies, Arthur, M.B.

British Medical Association, South Western Branch.
Bushnell, F., M.D.
Gordon, W., M.D.
Norway, Dr. N. E.

British Medical Association, Staffordshire Branch.
Blumer, F. Milnes, M.B.
Jackson, T. Vincent, F.R.C.S.E.
McAldowie, A.M., M.D., F.R.S.E.

British Medical Association, Thames Valley Branch.
Goodman, Dr. R. N.

British Medical Association, Worcestershire and Herefordshire Branch.
Chapman, Paul, M.D.
Crowe, G. Wyndham, M.D.

British Nurses' Association, Royal.
Bezley-Thorne, W., M.D.
Coster, Mrs.

British Postal Medical Officers' Association.
Browne, J. Walter, M.D.
Campbell, J., M.D., J.P.
Fitzgibbon, Henry, M.D.
Giddings, Robert Ritchie, M.B.

Brussels, Medical Graduates' Association.
Gabe, J. R., M.D.

Burnley, Corporation of.
Dickinson, Alderman, J.P.
Haworth, Councillor.
Massey, J. B. (Sanitary Inspector).
Nutter, Councillor.

Burton-on-Trent, Corporation of.
Millard, Charles Killick, M.D., M.O.H.

Bury (Lancs), Corporation of.
Brindley, A. E., M.D., M.O.H.
Haslam, John (Town Clerk).
Holt, Thomas.
Mellor, Alderman.
Mitchell, Councillor.
Parks, Alderman.
Wardleworth, Councillor.

Camberwell, Corporation of.
Smith, Councillor Dr.
Stevens, Dr., M.O.H.

Cambridge Medical Society.
Allbutt, Professor Clifford, M.D., F.R.S.

Cambridge University.
Allbutt, Professor Clifford, M.D., F.R.S.
Woodhead, Professor Sims, M.D., F.R.S.

Canterbury, Corporation of.
Netherclift, Dr. W. H.
Wacher, Dr. F.

Cardiff, Corporation of.
Hughes, Councillor, J.P.
Jacobs, Alderman T. Windsor, J.P.
Jenkins, Councillor John, J.P.
Walford, Dr. Edward, M.D., M.O.H.

Catholic University Medical School. See *Dublin.*

Central Veterinary Society. See *Veterinary.*

Charity Organisation Society.
Montefiore, Lieut.-Col., late R.A.

Chatham, Corporation of.
Holroyde, J., M.D., M.O.H.

Chelsea, Corporation of.
Holland, T. (Town Clerk).

Chemical Society.
Stevenson, Thomas, M.D.

Chemistry of Great Britain and Ireland, Institute of.
Frankland, Prof. P. Faraday, M.D., F.R.S.
Stevenson, Thomas, M.D.

Cheshire, County Council of.
Hewitt, Dr. D. B.
Hodgson, Dr., M.O.H.
Vacher, Francis, F.R.C.S., M.O.H.

Chester, Corporation of.
Roberts, John, M.D.

Childhood's Society.
Berry, Mrs. Dickenson, M.D.
Kenwood, Dr. H. R., M.O.H.

Congleton, Sanitary Committee of.
(No delegate.)

Consumption. See *Durham.*

Consumption. See *National Association.*

Consumption. See *Nottingham.*

Coventry, Corporation of.
Callaghan, Councillor Dr.
Lee, Councillor (Vice-Chairman of the Sanitary Committee).

Crewe, Corporation of. (No delegate.)

Cromarty. See *Ross and Cromarty.*

Croydon, County Borough of.
Richards, Dr. H. Meredith, M.O.H.

Cupar Fife, County Council of.
Nasmyth, Thomas Goodall, M.D., M.O.H., F.R.S.E.

Denbighshire County Council.
Evans, Dr. Richard.

Derby, Borough of.
Harrison, Alderman, J.P.
Horne, Alderman, J.P. (Mayor).
Howarth, W. J., M.D., M.O.H.
Laurie, Councillor.
Naylor, Councillor.
Wilkinson, W. (Insp. of Nuisances).

Derbyshire County Council.
Barwise, Sidney, M.D., M.O.H.

Devonshire County Council.
Ebrington, Lord.
Lambert, G., M.P.

Dewsbury, Corporation of.
Beattie, Alderman Robert, M.D. (Mayor).
Kilburn, Alderman (Chairman of Sanitary Committee).
Watts, Dr. W. F., M.O.H.

Dorchester, Town Council of.
Day, Dr. E. J., M.O.H.

Dorset, County Council of.
Lawrie, J. Macpherson, M.D., J.P.

Dover, Corporation of.
Barnes, Councillor W. J., J.P. (Mayor).
Best, Dr. D.
Robinson, M. K., M.D.

Dublin, Catholic University Medical School.
Dempsey, Professor M. J., M.D.
McWeeney, Professor E. J., M.D.
Roche, Professor A.

Dublin, Corporation of (Public Health Department).
Cameron, Sir Charles A., C.B., M.D., M.O.H.
Pile, Sir Thomas, Bart.

Dublin Victuallers' Association.
Delaney, W. P.
Field, William, M.P.

Dudley, Corporation of.
Green, Abraham, M.R.C.V.S.
Messiter, Dr. (Chairman of Sanitary Committee).
Wilkinson, J. H., M.O.H.

Dundee, Town Council of (Sanitary Committee).
Elliot, Councillor.
Templeman, Charles, M.D., M.O.H.

Dundee, Town Council of (Public Slaughter Houses and Markets Dept.).
Baxter, J. A.

Durham, County Council of.
Bartlett, Alderman.
Livingstone, Alderman (Chairman of Health Committee).

Durham, Society for the Prevention and Cure of Consumption in the County of.
Barnard, Lord, D.L., J.P.
Hubbersty, R. S., M.D.
Robinson, William, M.D.
Scott, James C.
Scurfield, H., M.D., M.O.H.

Durham, University of (College of Medicine).
Murray, Prof. G. R., M.D., F.R.C.S.
Oliver, Prof. Thomas, F.R.C.S.
Philipson, Prof. Sir G. H., M.D., D.C.L., LL.D.

Eastbourne, Sanitary Committee of Town Council.
Harding, Councillor Dr. (Deputy Mayor).
Willoughby, W. G., M.D., M.O.H.

Eastern Counties Veterinary Medical Society (See *Veterinary*).

East Kent. See *Kent.*

East Riding County Council. See *Yorkshire.*

East Suffolk County Council. See *Suffolk.*

East Sussex County Council. See *Sussex.*

Eccles, Corporation of.
Hamilton, Dr. W. M., M.O.H.
Parr, Alderman.

Edinburgh, Parish Council of.
Clark, Richard (Chairman).
Ritchie, Robert Peel, M.D., F.R.S.E.
Wilson, Dr. J. Lyon.

Edinburgh, Royal College of Physicians of.
Andrew, J., M.D. (Vice-President).
Fraser, Prof. Thomas R., M.D., F.R.S., LL.D. (President).
Gibson, G. A., M.D.
Philip, R. W., M.D., F.R.S.E.

Edinburgh, Royal College of Surgeons of.
Chiene, John, M.D., F.R.C.S.E. (Vice-President).
Dunsmure, James, M.D., F.R.C.S.E. (President).
Stiles, Harold J. F.R.C.S.E.

Edinburgh University.
Fraser, Professor T. R., M.D., LL.D., F.R.S.E.

Edinburgh, Woodburn Sanatorium, Morningside.
Galbraith, Dr. James J.
Mears, Mrs. Isabella.

Exeter, Corporation of.
Domville, Councillor Edwards James.

Exeter, County Council of.
Ebrington, Lord.
Lambert, G., M.P.

Faculty of Physicians and Surgeons. See *Glasgow.*

Falmouth, Corporation of.
Fayrer, Sir Joseph, Bart., M.D.

Fife, County Council of. See *Cupar, Fife.*

Finsbury, Metropolitan Borough of.
Howes, William.
Jones, Dr. Evan.
Newman, G., M.D., M.O.H.

Flint, Town Council of.
Prince, James.
Williams, John Humphrey, M.D.

Folkestone, Borough of.
Kidson, A. F. (Town Clerk).
Pearson, T. (Inspector of Nuisances).
Peden, Councillor.
Spurgeon, Alderman (Vice-Chairman of Sanitary Committee).
Yunge-Bateman, Dr. M. G., M.O.H.

Fulham, Metropolitan Borough of.
Avern, Councillor E.
Easton, Councillor E. G.
Jackson, Dr. J. C., M.O.H.
Jones, Councillor H. J.
Sayer, Councillor W. R.

Galway, Queen's College.
Kinkead, Prof. R. J., M.D., J.P.
Lynham, John Isaac, M.D.

Gateshead, Corporation of.
Gillies, Councillor (Mayor).
Green, Dr. R., M.O.H.
Hindmarsh, Alderman (Chairman of the Health Committee).

Girdlers' Company.
Purves, Dr. W. Laidlaw.

Glasgow, Anderson's College Medical School.
Buchanan, Dr. R. M.
Burrell, William.
Dalziel, Prof. T. Kennedy, M.B.

Glasgow, Corporation of.
Chalmers, Archibald Kerr, M.D., M.O.H.
Dick, Councillor James.
Dougan, Bailie.
King, Bailie.

Glasgow Corporation, Police Department.
Anderson, Bailie W. F.
Brechin, Councillor.
Chisholm, Samuel, LL.D. (Lord Provost and Lord Lieutenant).
Trotter, A. M., M.R.C.V.S.

Glasgow Faculty of Physicians and Surgeons.
Duncan, Ebenezer, M.D.
Muir, Prof. Robert, M.D.
Steven, John Lindsay, M.D.

Glasgow United Fleshers' Society.
Brechin, Matthew.
Kirkwood, James.

Glasgow University.
Anderson, Professor McCall, M.D.
Glaister, Professor John, M.D.
Stockman, Professor Ralph, M.D.

Gloucester, Ancient Order of Foresters.
Chapman, A.

Gravesend, Corporation of.
Cooper, Alderman John Hanks, J.P.

Greenock, Corporation of.
Baxter, Bailie.
Bennett, Councillor.
Brown, Councillor.
Mitchell, Councillor.

Greenwich, Corporation of.
Annis, Dr. E. G., M.O.H.
Baker, Captain R. L.
Ommaney, Colonel E. L., C.S.I.

Grimsby, Urban Sanitary Authority of.
Moody, H. F., Sanitary Inspector.

Hackney, Metropolitan Borough of.
Warry, John King, M.D.

Halifax, Corporation of.
Coe, Alderman John F., J.P.
Neech, Dr. James Thomas.

Halifax, Royal Infirmary of.
Alexander, Reginald G., M.D.

Hammersmith Guardians of the Poor.
Vallancey, Dr. A. de.

Hampshire, County Council of.
Martineaux, John.
Thomson, J. Roberts, M.D., J.P.

Hampstead, Borough of.
Andrews, E. Collingwood, M.D.
Grosvenor, O. A., M.D.

Hanley, County Borough of.
Clare, Dr. J., M.O.H.

Hastings, Corporation of.
Culham, Councillor (Chairman of Sanitary Committee).
Wilson, Dr. Scarlyn, M.O.H.

Heywood, Corporation of.
Hitchon, Dr. H. H. I., M.O.H.

Highland and Agricultural Society of Scotland.
Gibb, R. Shirra, M.B., J.P.

Holborn, Metropolitan Borough of.
Aldridge, Councillor (Vice Chairman of Public Health Committee).
Bond, William Arthur, M.D., M.O.H.
Canney, Councillor The Rev. E.
Smith, Councillor William Robert, M.D.

Hospital Saturday Fund.
Bevan, Thomas.
Bunn, W. G.
Dear, A. J.
Smyth, G. W.
Wells, Ernest.

Hove, Borough of.
Godrevy, Councillor Jago.
Griffith, Augustine, M.D., M.O.H.

Huddersfield, County Borough of.
Broadbent, Councillor B. (Deputy Chairman of Health Committee).
Firth, Alderman J. (Chairman of Health Committee).
Jessop, Alderman W. H., J.P. (Chairman of Sanitary Committee).
Moore, Samson C., M.B.
Oxley, Councillor Oliver (Deputy Chairman of Sanitary Committee).
Shaw, Alderman R. M., J.P. (Mayor).

Hull, Corporation of.
Fraser, Alderman Evan, M.B.
Mason, Dr. J. Wright, D.P.H., M.O.H.
Robinson, Councillor Henry, M.B.

Imperial Order of Foresters.
Stockall, J. J.

Institute of Chemistry. See *Chemistry.*

Inverness, Corporation of.
Knowles, Alexander (Sanitary Insp.).
Squair, Bailie Francis.

Ireland, Royal Academy of Medicine of.
Moore, Sir John W., M.D.
Nixon, Sir Christopher, M.D., LL.D., J.P. (President of the Royal College of Physicians, Ireland).
Parsons, A. R., M.B.

Ireland, Apothecaries' Hall of.
Montgomery, Robt., M.B., F.R.C.S.I.
O'Flaherty, Richard G., M.B.

Ireland, Catholic University School of Medicine of.
Dempsey, M. J., M.D. (Professor of Medical Jurisprudence and Sanitary Science).
McWeeney, E. J., M.D., M.A. (Professor of Pathology).
Roche, A. (Professor of Materia Medica and Therapeutics).

Ireland, Royal College of Physicians of.
Craig, James, M.D. (Registrar).
Nixon, Sir Christopher, M.D., LL.D., J.P. (President).

Ireland, Royal College of Surgeons of.
Cameron, Sir Charles, C.B., M.D., M.O.H.
Ormsby, L. Hepenstal, M.D., F.R.C.S.I.

Ireland, Local Government Board of.
Stafford, T. J., F.R.C.S.I. (Medical Commissioner).

Ireland, National Hospital for Consumption of.
Steedè, Benjamin H., M.D.

Ireland, Royal University of.
Roche, Dr. Anthony.
Whitla, William, M.D.

Ireland Veterinary. See *Veterinary.*

Islington, Guardians of the Poor of.
Marshall, Mrs. Leonard.

Islington, Metropolitan Borough of.
Brown, Councilior.
Cufflin, Alderman.
Harris, A.E., M.O.H.

James Murray's Royal Asylum.
Urquhart, A. R., M.D.

Jarrow, Town Council of.
Nicoll, John Macdonald, M.B.
Ramsey, Councillor.
Rutherford, Councillor.

Jenner Institute of Preventive Medicine.
Bradford, J. Rose, M.D., F.R.C.S., F.R.S.

Jewish Board of Guardians, London.
Levinsolm, H. R.

Keighley, Borough of.
Carter, George W., F.R.C.V.S.

Kendal, Borough of.
Jeffereys, Councillor J. H.
Parker, W. Rushton, M.D.

Kensington, Borough of.
Alderson, Councillor, M.B., F.R.C.S.
Vinrace, Councillor Dr.

Kent (East), Joint Committee for Appointing Medical Officers of Health.
Adcock, J., J. P.
Fenoulhet, Dr.

Kesteven, County Council of.
Campbell, Councillor, M.D.
Wherry, Alderman N. R.

King's Lynn, Borough of. (No delegate.)

Lambeth, Corporation of.
Priestley, Joseph, M.D., D.P.H., M.O.H.
Pritchard, George (Chairman of Sanitary Committee).
White, James, LL.D., J.P. (Mayor).

Lanarkshire, County Council of.
Tullis, James T.
Wilson, John T., M.B., C.M.O.H.

Lancashire Agricultural Society, Royal.
Fitzherbert-Brockholes, W.
Kay, James.

Lancashire, County Council of.
Fletcher, James.
Sephton, Dr. Robert.
Sergeant, Dr. Edward.

Lancashire Veterinary. See *Veterinary.*

Laryngological Society.
Baber, Edward Cresswell (President).
Beale, Dr. Clifford.
Hall, Francis de Haviland, M.D.
Semon, Sir Felix, M.D.

Leeds Association for the Prevention and Cure of Tuberculosis.
Tetley, Alderman S. F., M.A., J.P.
Woodcock, Dr. H. de Carle.

Leeds, Corporation of.
Ambler, Councillor Francis.
Cameron, James Spottiswoode, M.D., B.Sc.
Hawkyard, Councillor Dr. Arthur (Deputy Chairman of Sanitary Committee).
Heald, Councillor Dr. Benjamin C.
Lawson, Councillor Edward E. (Chairman of the Sanitary Committee).
Loe, Alderman Dr. J. Scarborough.
McCandlish, Councillor Dr. John Gordon.

Leeds and District Cowkeepers' Association.
Homes, Isaac.
Thomas, Thomas.

Leeds, Yorkshire College.
Trevelyan, E. F., M.D.

Leicester, Corporation of.
Biggs, Councillor.
Millard, C. Killick, M.D., D.Sc., M.O.H.
Windley, Alderman (Chairman of the Sanitary Committee).

Leicester. See *National Association for the Prevention and Cure of Consumption.*

Leigh, Corporation of. (No delegate.)

Lewis, Corporation of.
Holden, Councillor Richard C.
Steinhaueser, Dr. John R., M.O.H.

Lichfield, City Council of.
Morgan, Dr. H. Major.

Lincolnshire Veterinary Medical Association. See *Veterinary.*

Lindsey, Lincolnshire, County Council of.
Bacon, Alderman Sir Hickman B., Bart.
Walker, Councillor Dr. John West, J.P.

Linlithgow, County Council of.
Brock, William J., M.B., D.Sc., M.O.H.

Liverpool, Corporation of.
Bligh, Councillor.
Cookson, Alderman Edward H.
Hope, Edward W, M.D., D.Sc. M.O.H.
Menlove, Alderman Thomas.
Ramsden, Councillor William.
Shelmerdine, Councillor.

Liverpool, Sanitary Committee of the Corporation of.
Houlding, Alderman J.
Jones, T. Eaton (Dep. Veterinary Superintendent).

Liverpool and District Butchers' Association.
Lowey, Theodore.
Phillips, Councillor William.

Liverpool and District Cowkeepers' Association.
Backhouse, Thomas.
Ellison, James.
Stoner, J.

Liverpool National Federation of Meat Traders' Association.
Pearson, E. C.

Liverpool Royal Southern Hospital.
MacAlister, Charles J., M.D.

Liverpool University College.
Carter, Professor W., M.D., LL.D., F.R.C.P.
Caton, Professor Richard, M.D., F.R.C.P.
Hope, Professor E. W., D.Sc., M.D.

Llandaff and Dinas Powis, Urban District Council of.
Pritchard, Dr. R., M.O.H.
Warren, M. (Clerk to the Council).

London, Apothecaries' Company of.
Brown, Dr. Burton.
Brown, Dr. F. Gordon, C.I.E.

London, Society of Apothecaries of.
Brown, Dr. Burton.
Thorowgood, John C., M.D., F.R.C.P.

London, Butchers' Trade Society of.
Coggan, W.
Lindsey, John.

London, Central Meat and Poultry Market Association.
Hart, J. T.
Reid, William.
Stimpson, George.

London Chamber of Commerce.
Cooper, William, C. C.
Poole, Edward E.
Randall, J. Gurney.

London, Corporation of the City of.
Collingridge, William, M.D., D.P.H.
Cotman, Dr. J. S. E.
Crosby, Alderman Thomas B., M.D.

London, County Council of.
Collins, W. J., M.D., F.R.C.S.
Forman, E. B., M.D.
Murphy, Shirley F., M.O.H.

London Jewish Board of Guardians.
Levinsolm, H. R.

London Local Government Board.
Bulstrode, Herbert T., M.D., D.P.H.

London, Medical Society of.
Maguire, Robert, M.D.
Martin, Sidney, M.D., F.R.S.

London, Metropolitan Cattle and Sheep Traders' Association.
Hicks, Frederick.
Hill, John.

London, St. George's in the East Board of Guardians.
Bowlan, M. M., M.B., D.P.H.

London School of Tropical Medicine.
Hewlett, Dr. Tanner.

Lowestoft, Corporation of.
Beckett, Alderman James (Mayor).
O'Connor, J. E., M.D., D.P.H., M.O.H.

Luton, Town Council of.
Sell, G. (Town Clerk).
Sworder, Dr. Horace, M.O.H.

Manchester, Clinical Society of.
Westmacott, Frederick H., F.R.C.S.

Manchester, Corporation of.
Coates, Harold, M.B., D.P.H.
Dearden, Councillor.
Fildes, Councillor.
McDougall, Alderman.
Niven, Dr. James, M.O.H.
Smith, Alderman W. (Chairman of Sanitary Committee).

Manchester, Corporation's Markets Department.
Holburn, Alfred, M.R.C.V.S.

Manchester Hospital for Consumption.
Crossley, William J.
Hutton, Henry Richmond, M.B.
Moritz, Sigismumd, M.D.

Manchester Literary and Philosophical Society.
Delépine, Professor Sheridan, M.D.
Hodgkinson, Alexander, M.B.. B.Sc.

Manchester, Owens College.
Dreschfeld, Professor J., M.D., F.R.C.P.
Niven, Dr. James, M.A.

Manchester Pathological Society.
Kelynack, Theodore N., M.D.

Manchester, Salford and District Butchers' Association of.
Chapman, William.
Heap, William.

Manchester and Salford Sanitary Association.
Abbot, F. C.
Porter, Charles, M.D., D.P.H., M.O.H.
Ransome, Dr. H. F.

Manchester Victoria University.
Boyce, Professor R. W., M.D.
Delépine, Professor S., M.D.
Trevelyan, Professor E. L.

Manchester Wholesale Meat and Cattle Salesmen's Association.
Middleton, John M.

Marylebone. See *St. Marylebone.*

Margate, Corporation of.
Hughes, Councillor W. H. (Mayor).
Scatcliffe, Dr. A. W., M.O.H., D.P.H.

Matrons' Council of Great Britain and Ireland.
Todd, Miss Helen.

Meat Traders' Association. See *National.*

Medical and Chirurgical Society.
Sir William Selby Church, Bart.
C. Theodore Williams, M.D.

Medical Officers of Health, Incorporated Society of.
Gwynn, Edmund, M.D.
McVail, J. C., M.D., D.P.H. (President).
Saunders, Charles, M.B., M.O.H.

Medical Officers of Health, Incorporated Society of: Home Counties Branch.
Kenwood, H. R., M.B., D.P.H.
Tew, T. S., M.D., D.P.H.

Medical Officers of Health, Incorporated Society of: Southern Branch.
Browning, Dr. B., M.O.H.
Harris, Dr. A. Wellesley, M.O.H.

Medical Officers of Health, Incorporated Society of: West of England and South Wales Branch.
Jones, Dr. Herbert.

Medical Officers, Schools Association of.
Marsh, Howard, F.R.C.S. (President).
Shelly, Charles Edward, M.D.

Medical Practitioners, Incorporated Association of.
Smith, Dr. Joseph, D.P.H.

Medico-Ethical Society.
Westmacott, Frederick, F.R.C.S.

Medico-Psychological Association.
Beach, Fletcher, M.B. (President).
France, Eric, M.B.
Jones, Robert, M.D. (Hon. Secretary).
Mott, F. W., M.D., F.R.S.
Spence, J. B., M.D.
Weatherley, Lionel A., M.D.

Mercers' Company, London.
Blakesley, T. Holmes.

Merchant Taylors' Company, London.
I'Anson, Edward B. (Master).

Metropolitan Dairymen's Society.
Stappleton, Alfred.

Metropolitan Provident Medical Association.
Browne, J. Arthur, M.B., B.Sc.

Middlesbrough, Corporation of.
Dingle, Charles V., M.D., M.O.H.

Midland Counties Veterinary. See *Veterinary.*

Morley, Corporation of.
(No delegate.)

National Association for the Prevention of Consumption:

Bradford Branch.
Campbell, Henry J., M.D.
Crowley, Ralph H., M.D.
Mossop, Isaac, F.R.C.S.

Cumberland Branch.
Bird, J. B., M.D. (Hon. Secretary).

Devon and Cornwall Branch.
Bloyce, W. H., F.R.C.V.S.
Bushnell, Frank G., M.D., D.P.H. (Hon. Secretary).
Dunstan, Professor John, M.R.C.V.S.
Penhale, W., F.R.C.V.S.
Wills, Hon. H. Cecil.

Dublin Branch.
Field, William, M.P.
Furlong, Robert O'Brien, C.B.

Leicester Branch.
Pope, Dr. Frank.
Pratt, Reginald, M.D.
Sevestre, Robert, M.D., M.A.
Wright, Sir Thomas, Bart.

Newcastle-upon-Tyne Branch.
Murray, G. R.
Olive, T., M.A., M.D.
Philipson, Sir George Hare, M.A., M.D.
Plummer, William, M.P.
Renwick, George, M.P.

National Association for the Prevention of Consumption—continued :

Three Counties Branch.
Fox, E. Long, M.D. (Gloucestershire).
Gray, Dr. Murray (Wiltshire).
Weatherley, Lionel, M.D. (Somerset).

Winchester and District Branch.
Carter, J. Bonham.

York Branch.
Evelyn, W. H., M.D. (Hon. Secretary).
Ramsay, James, M.D.

National Deposit Friendly Society.
Litchfield, F.
Spring, Rev. E. H.

National Health Society.
Squire, J. Edward, M.D., D.P.H.

National Federation of Meat Traders' Association.
Booth, Alderman.
Cozzan, H.
Myers, Thomas.
Pearson, C. E.

National Veterinary Association. See *Veterinary.*

Newcastle-upon-Tyne, Clinical Society of.
Allison, Thomas, M., M.D.
Beattie, Thomas, M.D.
Hawthorne, Frank, M.D.
Ogden, W., M.D.
Ouston, Thomas G., F.R.C.S.

Newcastle-upon-Tyne, Corporation of.
Armstrong, Dr. Henry, M.O.H.
Baty, Councillor, J. A.
Flowers, Councillor R.
Harkus, Councillor C.
Hedley, William (Inspector of Cattle and Provisions).
Newton, Alderman E.
Stout, Alderman E.
Wilson, Councillor A.

Newport, Corporation of.
Jones, Dr. J. Howard, M.O.H.
Jones, Alderman Thomas (Chairman of Sanitary Committee).

Nordrach-upon-Mendip, Sanatorium of.
Gwynn, Dr. Neville.
Thurnam, W. Rowland, M.D.
Trenchard, H. J.

Northampton, Corporation of.
Buszard, Councillor F., M.D., F.R.C.S.
Cogan, Dr. Lee F., M.O.H.
Milligan, Councillor Dr., R.A.
Wetherell, Alderman T.

Northampton, County Council of.
Paget, Dr. C. E., M.O.H.
Woolston, C. J. R. (Chairman of the Public Health Committee).

North Eastern Sanitary Inspectors Association.
Duncan, C. A.

North of England Mining and Mechanical Engineers.
Garnett, Professor William.
Louis, D. A.

North of England Veterinary. See *Veterinary.*

Northern Counties Hospital for Consumption and Diseases of the Chest.
Wear, Arthur T., M.D.

North London Hospital for Consumption.
Lyon, B. A.
Morton, W. J. (Secretary).
O'Connor, Bernard, M.D.
Squire, J. Edward, M.D., D.P.H.

North Riding County Council. See *Yorks.*

Northumberland, County Council of.
Hembrough, J. W., M.D., M.O.H.

Norwich, City Corporation of.
Pattin, Cooper, M.A., M.D.

Nottingham, Corporation of.
Boobbyer, Dr. Henry, M.O.H.
Mutch, Alderman, M.D. (Chairman of Committee).

Nottinghamshire, County Council of.
Handford, Henry, M.D., D.P.H., M.O.H.

Nottingham and District Butchers' Association.
Armitage, A.

Nottingham Medical Chirurgical Society.
Cattle, C. A., M.D.
Peskett, Dr.

Nottinghamshire Association for the Prevention of Consumption.
Billyeald, W. J.
Littlewood, Dr. John O.
Ransome, William B., M.D., M.A., B.Sc.

Nurses' Association. See *British.*

Nurses' Association. See *Registered.*

Oban, Town Council of. (No delegate.)

Oldham, Corporation of.
Wilkinson, James B., M.D., D P.H.

Odontological Society of Great Britain.
Maggs, Dr. W. A. (President).

Ophthalmological Society of the United Kingdom.
Critchett, G. Anderson, M.A., F.R.C.S. (President).

Oriolet Hospital.
Oldfield, Dr. Josiah, M.A.

Otley Urban District Council.
Bennett, Dr. William Edward.

Owens College. See *Manchester.*

Oxford, Corporation of.
Bradshaw, Surgeon General, C.B., M.A., K.H.P.
Collier, William, M.D.
Druce, G. Claridge (Mayor).

Paddington, Corporation of.
Dudfield, Reginald, M.O.H., M.B.
Harris, Alderman Sir George, J.P., L.C.C. (Chairman of the Public Health Committee).
Waite, Councillor Dr. D. A.

Physicians, Royal College of.
Williams, C. Theodore, M.D.

Physicians, Royal College of. See *Ireland.*

Physicians, Royal College of. See *Edinburgh.*

Pontefract, Corporation of.
Hillaby, Dr. Arthur, M.O.H.
Pease, Alderman.
Schofield, Councillor.

Poplar, Corporation of.
Alexander, Dr. Frederick W., M.O.H.
Dalton, Councillor Mark.
Gordon, Councillor Collin.

Poplar and Stepney Sick Asylum District.
East, F. A.
Foskett, Robert.
O'Connor, J.
Poole, Charles A.
Spurrell, C., F.R.C.S.

Portsmouth, Corporation of.
Fraser, A. M., M.O.H., M.B., D.P.H.
Pink, Sir William (Chairman of Sanitary Committee).

Postal Medical Officers. See *British.*

Postal and Telegraph Clerks' Association.
Garland, Charles H.

Pudsey, Corporation of.
Hunter, William L., M.O.H., M.D.

Queen's College. See *Belfast.*

Queen's College. See *Galway.*

Reading College.
Peet, John O., B. Sc.

Reading, Corporation of.
Abram, Councillor G. S., M.B.
Ashby, Alfred, M.O.H., M.B., F.R.C.S.
Day, Henry (Town Clerk).
Walters, Councillor Dr. James H.

Registered Nurses' Society.
Fenwick, Mrs. Bedford.

Richmond (Surrey), Corporation of.
Thompson, Councillor.

Rickmansworth, Urban District Council of.
Sharman, Mark, M.B., D.P.H., M.O.H.

Rochdale, Corporation of.
Hardman, Alderman William.
Henry, Joseph, M.D., M.O.H.

Rochester, Corporation of.
Goldie, Councillor L. A. (Chairman of the Health Committee).
Watson, Dr. William, M.O.H.

Ross and Cromarty, County Council of.
Arras, Walter.
Bruce, William, M.D., L.L.D.
Fletcher, J. Douglas.

Royal Counties Veterinary. See *Veterinary.*

Royal Society.
Broadbent, Sir William, Bart., M.D., K.C.V.O., L.L.D., F.R.S.
Lister, Lord, M.D., LL.D., F.R.S.

Saffron Walden, County Borough of.
Atkinson, Councillor (Mayor).
Stear, Councillor.

St. Albans, Urban Sanitary Authority of.
Morison, John, M.D.

St. Andrews, University of.
Templeman, Charles, M.D.

St. Helens, Corporation of.
Forster, Alderman J., J.P. (Chairman of the Health Committee).
Harris, F. Drew, M.B., M.O.H.
Massey, Alderman J., J.P.
Pilkington, Richard, M.P., J.P.

St. Marylebone, Metropolitan Borough of.
Carter, R. J., M.D., D.P.H.
Snape, E. A., M.D.

St. Pancras, Metropolitan Borough of.
MacCarthy, Councillor Dr. E. F. J.
Smith, Walter, M.D.

Salop, County Council of.
Bowen-Jones, J.
Cleave, E. S.
Lander, K. H.
Litt, W. E., M.R.C.V.S.
McCarthy, Justin, M.D.
Porter, Charles, M.D., M.O.H.
Topham, T.
Wakeman, Sir Offley, Bart. (Chairman of the Sanitary Committee).

Salters, Company of.
(No delegate.)

Salvation Army.
Hart, Arthur H., M.D. (Medical Superintendent).

Sanitary Institute, the.
Blyth, Dr. A. Wynter.
Parkes, Louis, M.D.

Scarborough, Corporation of.
Littlejohn, Thomas H., M.B., F.R.C.S.E., M.O.H.

Scotland, Sanitary Inspectors' Association of.
Fyfe, Peter.

Scottish Association for the Medical Education of Women.
Philip, R. W., M.D., M.A.

Scottish Veterinary. See *Veterinary.*

Seamen's Hospital Society.
Hewlett, Dr. Tanner.

Sheffield Butchers' Association.
Leadbetter, E. W.
Lister, Joseph.

Sheffield, Corporation of.
Robertson, John, M.D., M.O.H.

Sheffield, the Health Committee of the Corporation of.
Lloyd, J. S., M.R.C.V.S. (Veterinary Inspector).

Sheffield Medico-Chirurgical Society.
Robertson. John, M.O.H., M.D. (President).

Sheffield Union.
Bellamy, Dr. John.
Newsholme, C. T. W. (Chairman of the Hospital Committee).

Sheffield, University College of.
Hector, Monro, M.D., B.Sc.
Robinson, John, M.O.H., M.D.

Shoreditch, Metropolitan Borough of.
Alexander, Hugh (Sanitary Inspector).
Davies, Councillor John, M.D.
Lewis, T. F. Bryett, M.D., D.P.H., M.O.H.

Shrewsbury, Corporation of.
Gepp, M., M.O.H., D.P.H.

South Durham Veterinary. See *Veterinary.*

Southend-on-Sea, Corporation of.
Allen, Councillor (Chairman of the Health Committee).
Francis, Councillor J. (Mayor).
Waters, A. C., M.B., M.O.H.

Southern Counties Veterinary. See *Veterinary.*

Southgate, Urban District Council of.
Ransome, A. Sydney, M.B., D.P.H.

Southport, Corporation of.
Isherwood, Thomas, M.A., LL.D. (Mayor).
Kennedy, Henry (Chairman of the Health Committee).
Weaver, J. J., M.O.H.

South Shields, Corporation of.
Boyd, John J., M.B., M.O.H.
Imrie, Alderman.

South Wales and Monmouth, University College of.
Walford, Edward, M.D., D.P.H.
Williams, William, M.D., M.A., D.P.H.

Southwark, Metropolitan Borough of.
Bryan, Councillor T. A., M.A. (Chairman of the Health Committee).
Milson, George, M.O.H.
Redman, Alderman F.

Staffordshire, County Council of.
Bagnall, W. C., M.D., D.P.H., M.O.H.
Brough, W. S.
Reid, George, M.D., D.P.H., M.O.H.

Statistical Society, Royal.
Brabrook, E. W., C.B.

Stepney, Metropolitan Borough of.
Hirst, Alderman Rowland (Chairman of the Health Committee).
Thomas, D. L., M.O.H., D.P.H.
Wherley, Councillor Eugene.

Stockport, Corporation of.
Smeeth, H. G., M.D.
Young, Meredith, M.D., D.P.H., M.O.H.

Stoke-upon-Trent, Corporation of.
Johnson, C. Petgrave, M.D., M.O.H., D.P.H.

Suffolk, East, County Council of.
Harwood, Alfred.

Sunderland, Corporation of.
Harison, Alderman J. P.
Scurfield, Harold, M.D., M.O.H.

Surgeons, Royal College of.
Godlee, Rickman J., F.R.C.S.

Surgeons, Royal College of. See *Edinburgh and Ireland.*

Surrey, County Council of.
Cranleigh, W. Welch.
Seaton, Edward, M.D., M.O.H.

Sussex, East, County Council of.
Brand, Rear-Admiral the Honourable T. S.
Hartigan, T. J. P.
Weekes, Arthur.

Sutherland, County Council of.
Murison, Patrick, M.B., M.O.H., J.P.

Swansea, Corporation of.
Davies, Dr. Ebenezer, M.O.H.
Davies, D. Gladstone, M.R.C.V.S. (Meat and Veterinary Inspector).

Swansea, Incorporated Butchers' and Dealers' Association.
Hopkins, Councillor M.

Swindon, Corporation of.
Streeten, Edward, M.O.H.

Teignmouth, Urban District Council of.
Piggott, F. Cecil, M.D., M.O.H.

Thanet, Rural District Council of the Isle of.
Cook, G. G.
Tomlin, William.

Tunbridge Wells, Corporation of.
Abbott, Councillor.
Delves, Alderman, J.P.
Dodd, Councillor.
Penn, Councillor.
Stamford, William, M.O.H.

Tynemouth, Corporation of.
(No Delegate.)

Ulster, Medical School of.
McCaw, John, M.D.

University College. See *Birmingham*

University College. See *Bristol.*

University College. See *Liverpool.*

University College. See *Sheffield.*

University College. See *South Wales.*

Veterinary Association, National.
Bradley, Professor O. C., M.R.C.V.S.
Dewar, Professor J. R. U., F.R.C.V.S.
Hunting, William, F.R.C.V.S.
Williams, Professor W. O., F.R.C.V.S.

Veterinary College, Royal.
McFadyean, Professor John, M.B., B.Sc., M.R.C.V.S. (Principal).

Veterinary Medical Association of Ireland.
Hedley, Matthew, F.R.C.V.S.
Mettam, Professor A. E., M.R.C.V.S., B.Sc.

Veterinary Medical Association, Lancashire.
Abson, N. J. S., F.R.C.V.S. (President).

Veterinary Medical Association, Lincolnshire.
Clark, R. W., M.R.C.V.S.
Turner, T. W., M.R.C.V.S.

Veterinary Medical Association, Midland Counties.
Blakeway, John, F.R.C.V.S.
Dawes, H. J., F.R.C.V.S.

Veterinary Medical Association, North of England.
Dudgeon, C. R., M.R.C.V.S.

Veterinary Medical Association, Royal Counties.
King, G. E., M.R.C.V.S.
Owen, E. Percival, M.R.C.V.S.

Veterinary Medical Association, South Durham and North Yorks.
Dobbing, W. Newton, M.R.C.V.S.

Veterinary Medical Association, Southern Counties.
Hulford, C. F., M.R.C.V.S.
King, J. T., M.R.C.V.S.

Veterinary Medical Association, Western Counties.
Bond, P. C., M.R.C.V.S.
Penhale, R. E. L., M.R.C.V.S.

Veterinary Medical Society, Border Counties.
Steel, John, M.R.C.V.S.

Veterinary Medical Society, Central.
Butters, A. L., M.R.C.V.S.
MacQueen, Professor J., F.R.C.V.S.
Slocock, Sydney H., F.R.C.V.S.
Stroud, E. Lionel, M.R.C.V.S.

Veterinary Medical Society, Eastern Counties.
Shipley, William, F.R.C.V.S.
Smith, C., M.R.C.V.S.

Veterinary Medical Society, Scottish Metropolitan.
Aitken, John, jun., M.R.C.V.S.
Storie, John, M.R.C.V.S.

Veterinary Medical Society, Yorkshire.
Clarkson, J., M.R.C.V.S.
McKinna, J., F.R.C.V.S.
Somers, F. W., M.R.C.V.S.
Wharam, S., M.R.C.V.S.

Victoria University. See *Manchester.*

Wakefield, Corporation of.
Hudson, Councillor Albert.
Wade, William Swift, M.O.H.
Whittaker, Alfred Broughton (Sanitary Inspector).

Wales, University of.
Hills-Johnes, Lieut.-Gen. Sir James, G.C.B., V.C.
Jones, A. Emrys, M.D., J.P.
Owen, Isambard, M.D., M.A.

Wandsworth, Metropolitan Borough of.
Gay, John, D.P.H.
Smith, Dr., M.O.H.

Warblington, Urban District Council of.
Stephens, Lockhart E. W., M.O.H.

Warrington, Corporation of.
Gornall, J. C., M.B., D.P.H.
Sutton, Alderman (Chairman of the Health Committee).

Warwickshire, County Council of.
Hill, A. Bostock, M.D., D.P.H., M.O.H.
Savage, Thomas, M.D.

West Bromwich, Corporation of.
Manley, T. H., M.O.H., M.A., M.B.

Western Counties Veterinary. See *Veterinary.*

West Ham, County Borough of.
Bishop, Councillor (Mayor).
Sanders, Charles, M.D., M.O.H.
Spittle, Councillor William G.

Westminster City Council.
Allan, F. J., M.O.H.
Des Voeux, H. H., M.D.
Walden, R. Woolley (Chairman of the Public Health Committee).
Watson, N. H.

West Riding. See *Yorkshire.*

Wigan, Corporation of.
Berry, William, F.R.C.V.S., M.O.H., D.P.H.

Willenhall, Urban District Council of.
(No Delegate.)

Willesden, District Council Sanitary Department.
Skinner, D. S., M.D., M.O.H.

Winchester, Corporation of.
Cancellor, B. D.

Wiltshire, County Council of.
Thomas, John Tubb, D.P.H., M.O.H.

Wolverhampton, Corporation of.
Jackson, Alderman Thomas Vincent.

Woodburn Sanatorium. See *Edinburgh.*

Woolwich, Metropolitan Borough of.
Davies, Sydney, M.D., D.P.H., M.O.H.
Harper, Alderman (Chairman of the Public Health Committee).

Worcester, Corporation of.
Read, Mabyn, M.D., D.P.H., M.O.H.
Steward, J. A. (Mayor).

Worcester, County Council of.
Bund, T. W. (Chairman of the County Council).
Dixey, Dr. H. E.
Fosbroke, G. H., M.O.H., D.P.H.
Howard, Henry (Chairman of the Sanitary Committee).

Yarmouth (Norfolk), Corporation of.
Russell, Charles, D.P.H.
Ryley, James, M.D.

Yeovil, Corporation of.
Garland, Edward C., M.O.H.
Garland, C. A. S.
Watts, Sydney.

York, Corporation of.
Blakey, Councillor Walter.
Border, Alderman Samuel, J.P. (Chairman of the Public Health Committee).
Lambert, Councillor.
Lund, Councillor William.
Smith, Edmund M., M.D., D.P.H., M.O.H.

Yorkshire College. See *Leeds.*

Yorkshire County Council, the East Riding of.
Reckitt, Sir James, Bart., J.P.

Yorkshire County Council, the North Riding (Northallerton) of.
Cheetham, Walter H., M.D., D.P.H., M.O.H.
Glen, James, M.D., M.O.H., J.P.
Hansell, John T.

Yorkshire County Council, the West Riding of.
Edwards, Trevor.
Ford, Councillor T. B. P.
Frank, Councillor F. Bacon (Chairman of the Sanitary Committee).
Gaskell, Alderman C. G. Milnes.
Kaye, James R., M.B., D.P.H., M.O.H.

Yorks Veterinary Society. See *Veterinary.*

ALPHABETICAL LIST OF THE INDIAN AND COLONIAL DELEGATES.

ALLEN, Dr. JAMES F., M.O.H., the Corporation of Pietermaritzburg.

BALFOUR, Dr. LEWIS J., the Government of Victoria, Australia; the Medical Society of Victoria.
BEATTIE, Dr. JOSEPH, the Government of New South Wales, Australia.
BLACKADER, Dr. A. D., the McGill University, Montreal.
BULL, Dr. RICHARD JOSEPH, the Government of Victoria, Australia; the Medical Society of Melbourne.

CHARLES, Major R. HAVELOCK, M.D., I.M.S., the Government of Bengal.
CLARKE, Sir ANDREW, G.C.M.G., the Government of Victoria, Australia.
CROMBIE, Lieut.-Colonel A., M.D., the Government of India.

DANIELS, Dr. C. W. (Government Medical Officer), the Government of British Guiana.

FAIRFAX, Sir JAMES, K.B., the Government of New South Wales, Australia.

HARVEY, Surgeon-General, the Government of India.
HARVEY, Dr. ELDON, the Government of Bermuda.
HENDLEY, Colonel T. H., C.I.E., I.M.S. (Inspector-General of the Civil Hospitals of Bengal), the Government of Bengal.
HOOPER, Surgeon-General W. ROE, the Government of India.
HUTCHEON, Dr. DUNCAN, the Veterinary Department of the Cape Board of Agriculture.

JOHNSON, Dr. OWEN (Civil Medical Department), the Government of Ceylon.

KENDALL, Captain E. A., the Government of Victoria, Australia.
KERR, T. S., M.B., the Government of the Straits Settlements.
KYNSEY, Sir WILLIAM, K.C.M.G., the Government of Ceylon.

MCEACHRAN, Professor DUNCAN, F.R.C.V.S. (the Chief Veterinary Inspector of Montreal), the Government of Canada.
MONTIZAMBERT, F., M.D., F.R.C.S. (Director-General of Public Health), the Government of Canada.
MULLICK, Sarat K., M.B., the Indian Medical Association.

NEWLAND, H. S., M.B., the University of Adelaide.

RUNDLE, Colonel C. S., I.M.S., the Government of Burmah.
RUSSELL, Major A. R. P., I.M.S., the Government of Burmah.

STIRLING, E. C., C.M.G., M.A., F.R.S. (Professor of Biology and Physiology), the University of Adelaide.

TAIT, J. SINCLAIR, M.D., the Government of Newfoundland.
TURNER, ALFRED JEFFERIS, M.D., the Government of Queensland; the Queensland Association for the Prevention of Tuberculosis.

WALCH, C. N. CROSBIE, M.B., the Government of Tasmania.
WILLIAMS, Dr. D. J., the Government of Jamaica.
WILLIAMS, Colonel W. D. C., the Government of New South Wales.

ALPHABETICAL LIST OF INDIAN AND COLONIAL GOVERNMENTS, CORPORATIONS, SOCIETIES, ETC.,

WITH NAMES OF DELEGATES.

AUSTRALASIA.

Adelaide, the University of.
Newland, H. S., M.B.
Stirling, E. C., C.M.G., M.A., F.R.S. (Professor of Biology and Physiology).

Melbourne, the Medical Society of.
Bull, Dr. Richard J.

New South Wales, the Government of.
Beattie, Joseph, L.K., Q.C.P.
Fairfax, Sir James, K.B.
Williams, Colonel W. D. Campbell, (Principal Medical Officer of the Military Forces).

New Zealand, the Government of.
(Subscribed, but sent no delegate.)

Queensland, the Government of.
Turner, Alfred Jefferis, M.D.

Queensland, the Association for the Prevention of Tuberculosis.
Turner, Alfred Jefferis, M.D.

Tasmania, the Government of.
Walch, C. N. Crosby, M.B.

Victoria, the Government of.
Balfour, Dr. Lewis John.
Bull, Dr. Richard Joseph.
Clarke, Lieut.-Gen. Sir Andrew, R.E., C.B., G.C.M.G., C.I.E.
Kendall, Veterinary Captain E. A.

Victoria, the Medical Society of.
Balfour, Dr. L. J.

BERMUDA, the Government of.
Harvey, Dr. Eldon, M.O.H.

BRITISH GUIANA, the Government of.
Daniels, C. Wilberforce, M.B. (Government M.O.H.)

CANADA, the Government of.
McEachran, Professor Duncan, F.R.C.V.S.
Montizambert, F., M.D., F.R.C.S. (Director - General of Public Health).

Montreal, the McGill University of.
Blackader, Dr. A. D.

INDIA.

India, the Government of.
Crombie, Lieut.-Colonel A., M.D., I.M.S.
Harvey, Surgeon - General Robert, C.B., D.S.O., M.D.

Indian Medical Association.
Mullick, Sarat K., M.B.

Bengal, the Government of.
Charles, Major R. Havelock, I.M.S.
Hendley, Colonel T. H., C.I.E., I.M.S.

Burmah, the Government of.
Rundle, Colonel C. S., I.M.S.
Russell, Major A. R. P., I.M.S.

Ceylon, the Government of.
Johnson, Dr. O. (Civil Medical Department).
Kynsey, Sir William, K.C.M.G.

JAMAICA, the Government of.
Williams, Dr. D. J.

MALAY STATES, the Government of the Federated.
Wright, Dr. M. J. (State Surgeon of Perak).

NEWFOUNDLAND, the Government of.
Tait, J. Sinclair, M.D.

SOUTH AFRICA.

Cape Colony, the Veterinary Department of the Board of Agriculture of.
Hutcheon, Duncan, M.R.C.V.S.

Natal, the Corporation of Pietermaritzburg.
Allen, Dr. James F., M.O.H.

STRAITS SETTLEMENTS, the Government of.
Kerr, T. B., M.B. (Principal Civil M.O.H.)

ALPHABETICAL LIST OF FOREIGN DELEGATES.

ARMAINGAUD, Dr., Ligue contre la Tuberculose, France.
ARNOZAN, Dr. H. (Professeur de la Faculté de Médecine); l'Université de Bordeaux; la Faculté de Médecine, Bordeaux.
ARONSTAM, Dr. N. E., the State of Michigan, U.S.A.
AUFFRET, Dr. Ch. (Directeur du Service de Santé de la Marine, Brest); le Ministère de la Marine, France.

BANG, Prof. D. B., Danish Board of Agriculture.
BARADAT, Dr., Société des Anciens Médecins des Armées de terre et de mer, France.
BARBARY, Dr. FERDINAND, Société de Préservation contre la Tuberculose, France.
BÉCLÈRE, Dr. A., la Société Médicale des Hôpitaux de Paris.
BELL, CLARK, American Congress on Tuberculosis.
BENEDEN, Dr. VAN, Gouvernement Provincial de Liège; la Société Médico-Chirurgicale de Liège.
BERNARD, Dr. GUSTAVE, l'Œuvre de la Tuberculose Humaine, France.
BERNAYS, Dr. A. C., American Congress on Tuberculosis.
BERNHEIM, Dr. SAMUEL, l'Œuvre de la Tuberculose Humaine, France.
BIELEFELDT, Geheimer Regierungsrath (Senatsvorsitzender der Regierungsamt); der Heilstätte vom Rothen Kreuz am Grabowsee; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
BOETTICHER, IHRE Excellenz Frau Staatsminister, Vaterländischen Frauenvereine vom Rothen Kreuz in der Provinz Sachsen; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
BORDAS, Dr. FRÉDÉRIC, le Ministère de l'Intérieur, France; Conseil d'Hygiène Publique et de Salubrité du Département de la Seine.
BORSKI, Dr. (membre du Conseil Municipal); Société pour la Construction et l'Exploitation de Sanatoria populaires aux Pays-Bas.
BOUCHARD, Professor, le Ministère de l'Instruction Publique, France; Société de Biologie.
BROADBENT, SIR WILLIAM, BART., M.D., Società Reale di Napoli; Reale Accademia delle Scienze (Turin).
BROUARDEL, Professor (Doyen de la Faculté de Médecine de l'Université de Paris); le Ministère de l'Instruction Publique; l'Académie de Médecine, France.
BROWN, Dr. GEORGE, American Congress on Tuberculosis.
BROWN, Dr. HORACE M., American Climatological Association; and the State of Wisconsin American Medical Association.

CALMETTE, Professor, le Ministère de l'Instruction Publique, France.
CANTACUZIÈNO, Dr. JEAN, Roumanian Government.
CAPO, Eccellentissimo Señor Don ANTONIO ESPINA Y, Spanish Government.
CARRIÈRE, Dr. HENRI, le Conseil Fédéral Suisse.
CARSOM, R. H., M.D., New Jersey Sanitary Association.
CASSE, Dr., Société Royale de Médecine Publique et de la Topographie Médicale de Belgique.
CERVELLO, Professor VINCENZO, Reale Accademia delle Scienze Mediche in Palermo.
CHANTEMESSE, Professor (Professeur à la Faculté de Médecine); le Ministère de l'Instruction Publique; le Ministère de l'Intérieur, France.
CHÉROT, Dr., Conseil Municipal de Paris.
CLADOS, Dr., the Hellenic Government.
COLLY, M., Conseil Municipal de Paris.
CORNIL, Professor, le Ministère de l'Instruction Publique, France.
CORTEZO, Dr. CARLOS, Spanish Government.

DALAND, Dr. JUDSON, American Medical Association ; American Climatological Association.
DENISON, Dr. CHARLES, American Climatological Association.
DIEULAFOY, Professor, le Ministère de l'Instruction Publique, France.
DOCK, Professor GEORGE, University of Michigan, U.S.A.
DONOLAN, F. O., M.D., New York State Medical Association.
DUCLAUX, Professor, le Ministère de l'Instruction Publique, France.
DUPUY, Dr. E., Société de Biologie, France.
DVORAK, K. K., Ober-Sanitätsrath Dr. JOH., Supreme Sanitary Council in Vienna.

EDSON, Dr. CARROLL, American Climatological Association.
EHRLICH, Professor Geheimer Medicinalrath PAUL, Cultus Ministerium, Germany.
ELSNER, Dr. H. L., American Climatological Association.
D'ESPINE, Professor, University of Geneva, Switzerland.
EXCHAQUET, Dr., Directeur, Sanatorium du Grand Hotel, Leysin, Switzerland.

FABER, Dr. KNUD, National foreningen til Tuberkulosens Bekaempelse, Copenhagen.
FAISANS, Dr. LÉON, la Société Médicale des Hôpitaux de Paris.
FLÜGGE, Professor, the Imperial German Government.
FRÄNKEL, Professor Dr. B., Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
FREUND, Director Dr. RICHARD, der Heilstätte vom Rothen Kreuz am Grabowsee ; Landes - Versicherungs - Anstalt, Berlin ; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.

GALLIARD, Dr., la Société Médicale des Hôpitaux de Paris.
GEBHARD, Dr. (Direktor der Landes-Versicherungs-Anstalt der Hansestädte), Landes-Versicherungs-anstalt der Hansestädte ; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
GERHARDT, Professor Dr., the Imperial German Government ; Volksheilstätten-verein vom Rothen Kreuz ; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
GRAM, Dr. CHR., Repräsentant des Dänischen Staates.
GRANCHER, Professor, le Ministère de l'Instruction Publique, France.
GRANT, Dr. W. E., Mississippi Valley Medical Association.
GUMPRECHT, Professor W., Grossherzoglichen Ministerium, Departement des Innern, Saxe-Weimar.

HAIGHT, Dr. ALLEN T., American Medical Association ; Chicago Medical Society ; and Chicago Otological and Ophthalmological Society.
HARTZ, Dr. HENRY T., the State of Michigan, U.S.A.
HATCH, JOHN LEFFINGWELL, M.D., American Congress on Tuberculosis.
HAUSHALTER, Professor Dr. P. (Vice-Président du Conseil des Prud'hommes) ; l'Université de Nancy, France.
HEPPENHEIMER, AUGUSTE, l'Assistance Publique de Paris.
HEYDWEILLER, Dr., der Heilstätten vom Rothen Kreuz am Grabowsee ; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
HEYMANS, Professor, Ligue Nationale Belge contre la Tuberculose.
HOBBS, Dr., "la Médecine Moderne" ; l'Université de Bordeaux, France.
HOLMBOË, Director, Norwegian Government.
HOLST, Dr. AXEL, Norwegian Government.
HOUDÉ, M., Conseil Municipal de Paris.
HUTYRA, Dr. FRANCIS (Recteur de l'École supérieure vétérinaire) ; Board of Agriculture, Hungary.

JONG, Dr. R. DE JOSSELIN DE, Société pour la Construction et l'Exploitation de Sanatoria populaires aux Pays-Bas.
JORISSENNE, Dr. G., la Société de Salubrité Publique et d'Hygiène de la Province de Liège.
JOSIAS, Dr. ALBERT, Conseil d'Hygiène Publique et de Salubrité du Département de la Seine ; le Ministère de l'Intérieur, France.

KEMPNER, Dr. WALTER (Oberarzt am kgl. Institut für Infectionskrankheiten) ; Centralblatt für Bakteriologie und Infectionskrankheiten, Germany.
KING, Dr. HERBERT MAXON, Michigan State Government, U.S.A.
KIROFF, Dr., le Ministère des Affaires Étrangères, Bulgaria.
KORANYI, Professor FREDERIC (Member of the Hungarian Reichstag); Government of Hungary.
KNOPF, Dr. S. A., Medical Society of the County of New York ; American Medical Association ; and American Academy of Medicine.
KOSSEL, Dr., Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.

LALESQUE, Dr., l'Université de Bordeaux, France.
LANCASTRE, Dr. A. DE, Portuguese Government ; la Société de Médecine et de Chirurgie de Porto.
LANDOUZY, L. (Professeur à la Faculté de Médicine) ; le Ministère de l'Instruction Publique ; l'Académie de Médecine ; Société de Biologie, France.
LANNELONGUE, Professeur Dr., le Ministère de l'Instruction Publique ; l'Académie de Médecine, France.
LAQUER, Dr. BENNO, Nassauischer Heilstätten-Verein für Lungenkranke,Germany.
LASALLE, Dr. (Vice-Président de l'Union des syndicats médicaux de France) ; Ligue Française contre la Tuberculose.
LAUNOIS, Dr. P. E. (Professeur agrégé à la Faculté de Médecine de Paris) ; la Société Médicale des Hôpitaux de Paris.
LÉDÉ, Dr., le Ministère de l'Instruction Publique et des Beaux Arts, France.
LEO, S. NEWTON, M.D., Medical and Surgical Society of New York.
LEPELLETIER, M., Conseil Municipal de Paris.
LETULLE, Dr. MAURICE, la Société Médicale des Hôpitaux de Paris.
LEVI, M. MONTEFIORE, Board of Agriculture, Belgium.
LEWIS, Dr. EDWIN, American Congress on Tuberculosis.
LEYDEN, Professor Dr., Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
LIAUTARD, Professor A. (Dean of the Veterinary Faculty of New York University) ; American Veterinary Medical Association.
LINROTH, Dr. K. M., the Swedish Government.
LOOMIS, Dr. H. P., American Climatological Association.

MCGAHAN, Dr. C. F., American Climatological Association.
MCKLVEEN, JOHN A., M.D., State Board of Health, Iowa, U.S.A.
MALM, O., M.D. (Director of the Veterinary Department of the Board of Agriculture) ; Norwegian Government.
MANKIEWICZ, Dr., Bekämpfung der Tuberculose, Germany.
MARTIN, Dr. G., War Ministry of Belgium.
MEYER, Herr Landesrath F., Der Heilstätte vom Rothen Kreuz am Grabowsee ; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke ; Landes-Versicherungs-Anstalt Brandenburg.
MICHAÏLOVSKY, Dr. DIMITRY, le Ministère des Affaires Etrangères, Bulgaria.
MÖLLER, Dr. med., ALFRED (dirig. Arzt der Heilstätte des Berlin-Brandenburger Heilstättenvereins) ; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.

MONOD, Monsieur HENRI, le Ministère de l'Intérieur, France.
MONTENEGRO, Don J. V., Spanish Government.
MOREL, M., Conseil Municipal de Paris.
MORIN, Dr., Sanatorium du Mont-Blanc, Switzerland.
MOSNY, Dr. (Auditeur au Comité Consultatif d'Hygiène de France); le Ministère de l'Intérieur, France.
MOURIER, CHARLES, le Ministère de l'Intérieur, France.
MUSSER, Dr. J. H., Medical Department of the University of Pennsylvania, U.S.A.

NECKE, BANKIER OSCAR, Landes-Versicherungs-Anstalt, Berlin.
NEUMANN, Dr. EDWARD, le Conseil Fédéral Suisse.
NOCARD, M. (Professeur à l'École Vétérinaire d'Alfort, member of the Royal Agricultural Society, England), Conseil d'Hygiène Publique et de Salubrité du Département de la Seine, France.
NOLEN, Professor W., the Dutch Government.

OGIER, Dr. JULES, Comité Consultatif d'Hygiène Publique, France.
OLLIVE, Dr. GUSTAVE (Professeur à l'École de Médecine); le Ministère de l'Instruction Publique et des Beaux Arts, France.
ONODI, Dr. A., Verein der Ungarischen Ohren- und Kehlkopf-ärzte.
OTIS, Dr. EDWARD O., American Climatological Association.
OTTE, Dr. RICHARD, Ortskrankenkasse für Leipzig und Umgegend, Germany.

PANNWITZ, Dr. Oberstabsarzt, Volksheilstättenverein vom Rothen Kreuz; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
PETERS, AUSTIN, Commonwealth of Massachusetts; Board of Cattle Commissioners, U.S.A.
PRINTZSKÖLD, Hofmarshal, the Swedish Government.
PROUST, Professeur, le Ministère de l'Instruction Publique; le Ministère de l'Intérieur, France.

RADOVICI, Dr. GEORGES, Mayoralty of Bucharest.
RAISZ, Dr. G. DE (Ministère de l'Intérieur); Hungarian Government.
RANSOM, M., Conseil Municipal de Paris.
RAVENE, Dr. LOUIS, Volksheilstättenverein vom Rothen Kreuz; Deutches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
RAVENEL, MAYSÝCK, P., M.D., the Commonwealth of Pennsylvania; the University of Pennsylvania; Pennsylvania Society for the Prevention of Tuberculosis, U.S.A.
REDARD, Dr., les Chemins de fer de l'État, France.
REICHE, Dr., med., Landes-Versicherungs-Anstalt der Hansestädte, Germany.
RENDU, M. AMBROISE, Conseil Municipal de Paris.
RENZI, Sua Eccellenza Senator ENRICO DE, Italian Government.
REYNOLDS, ARTHUR ROWLEY, M.D., the Mayoralty of Chicago; American Medical Association.
ROBIN, Dr. ALBERT, l'Académie de Médecine, Paris.
ROBINSON, Professor F. C., State of Maine, U.S.A.
ROTHE, Dr. Medicinalrath, C. G., the State of Saxe-Altenburg.
RUATA, Dr. CHARLES, the Italian Government; Università di Perugia.
RYN, Dr. VAN, Board of Agriculture; Ligue Nationale belge contre la Tuberculose, Belgium.

SCHLOESSING, Dr., der Heilstätte vom Rothen Kreuz am Grabowsee; Deutsches Central Komite zur Errichtung von Heilstätte für Lungenkranke.
SCHOOLER, LEWIS, M.D., LL.D., State of Iowa, U.S.A.
SCHRÖTTER, Professor VON, Austrian Government; Heilanstalt Alland, Chefarzt der Volksheilstätte Vogelsang.
SCHUDT, Dr. med. ERNST, der Volksheilstätte für Lungenkranke Frauen und Mädchen; Deutsches Central Komite zur Errichtung von Heilstätte für Lungenkranke.
SCHÜTZ, Professor WILHELM (Geheimrath), Prussian Government.
SECRETAN, Dr. LOUIS, Official Delegate of Canton of Vaud, Switzerland.
SEVERI, Dr. R., "La Clinica Moderna," Italy.
SHRADER, J. C., M.D., American Congress on Tuberculosis; the State of Iowa; the Board of Health, Iowa.
SIMONETTA, Il Cavaliere Dr. LUIGI, Reale Accademia dei Fisiocritici in Siena, Italy.
SPILLMAN, Professor LOUIS, l'Université de Nancy, France.
SPILLMAN, Professor PAUL, l'Université de Nancy, France.
STONE, Dr. A. K., Massachusetts General Hospital; Boston Board of Health, U.S.A.

THOINOT, Dr. L., le Ministère de l'Instruction Publique, France; Conseil d'Hygiène Publique et de Salubrité du Département de la Seine.
THOMAS, Dr. ARTHUR, Department of Agriculture of the United States Government.
THOMASSEN, Professor, Government of Holland; Society of Veterinary Art in the Netherlands.
TROISIER, Dr., la Société Médicale des Hôpitaux de Paris.

UCHERMANN, Dr. V., Facultas Medica Universitatis Reg. Frederic., Norway.
UHLMANN, Dr. CLEMENS, Ortskrankenkasse für Leipzig und Umgegend.

VIVANT, Dr. J. E., Principality of Monaco.
VLEMINCK, Professor, l'Académie Royale de Médecine de Belgique.
VOISIN, FÉLIX, le Ministère de l'Intérieur, France.

WERNER, Dr. (General und Korpsarzt des III. Armeekorps); Volksheilstättenverein vom Rothen Kreuz; Deutsches Central Komite zur Errichtung von Heilstätten für Lungenkranke.
WHITMORE, Dr. B. T., American Medical Association.
WRAY, Dr. W. H., Department of Agriculture of the United States Government; American Veterinary Medical Association.

ZIEMSSEN, Professor D. VON, Deutches Central Komite zur Errichtung von Heilstätten für Lungenkranke.

ALPHABETICAL LIST OF FOREIGN GOVERNMENTS, CORPORATIONS, AND SOCIETIES,

WITH NAMES OF DELEGATES.

AMERICA (United States of).

The Mayoralty of Chicago.
Dr. Arthur Rowley Reynolds.

Board of Agriculture (United States Government).
Passed Assistant Surgeon Arthur R. Thomas.
Dr. William H. Wray.

The Medical Department of the University of Pennsylvania.
Dr. J. H. Musser, Hon. V.P.

State of Michigan.
Dr. Henry J. Hartz.
Dr. N. E. Aronstam.
Mr. Herbert Maxon King.

State of Maine.
Dr. F. C. Robinson.

State of Wisconsin.
Dr. Horace M. Brown.

State of Iowa.
Dr. Lewis Schooler.

University of Michigan.
Dr. George Dock, Hon. V.P.

American Academy of Medicine.
Dr. S. A. Knopf, Hon. V.P.

Massachusetts General Hospital.
Dr. A. K. Stone.

Boston Board of Health.
Dr. A. K. Stone.

The State Board of Health of Iowa.
Dr. John McKlveen.

American Climatological Association.
Dr. Horace Manchester Brown.
Dr. Judson Daland.
Dr. Charles Denison, Hon. V.P.
Dr. Carroll E. Edson.
Dr. H. L. Elsner.
Dr. Edward Otis.
Dr. H. P. Loomis.
Dr. C. F. McGahan.

American Medical Association.
Dr. S. A. Knopf.
Dr. Judson Daland.
Dr. Allen T. Haight.
Dr. Horace M. Brown.
Dr. Arthur Rowley Reynolds.
Dr. B. T. Whitmore.

Pennsylvania Society for the Prevention of Tuberculosis.
Dr. Ravenel.

Chicago Medical Society.
Dr. Allen T. Haight.

Chicago Otological and Ophthalmological Society.
Dr. Allen T. Haight.

Mississippi Valley Association.
Dr. Grant.

Commonwealth of Massachusetts, Board of Cattle Commissioners.
Mr. Austin Peters.

American Veterinary Medical Association.
Prof. A. Liautard.
Dr. W. H. Wray.

The University of Pennsylvania.
Dr. Ravenel.

The Commonwealth of Pennsylvania.
Dr. Ravenel.

American Congress on Tuberculosis.
Mr. Clark Bell.
Dr. Aug. Bernays.
Dr. George Brown.
Dr. Leffingwell Hatch.
Dr. H. Edwin Lewis.
Dr. J. C. Shrader.

The Medical Society of the County of New York.
Dr. S. A. Knopf.

The New Jersey Sanitary Association.
Dr. R. H. Carsom.

The New York State Medical Association.
Dr. F. Donolan.

The New York Medical and Surgical Society.
Dr. S. Newton Leo.

AUSTRIA.

Austrian Home Office and Board of Public Instruction (appointed by the Austrian Government).
Prof. von Schrötter.

Die Heilanstalt in Alland.
Prof. von Schrötter, Hon. V.P.

Supreme Sanitary Council in Vienna (appointed by Government).
Dr. Dvorák.

BELGIUM.

The Board of Agriculture (appointed by the Belgian Government).
M. Montefiore Levi, Hon. V.P.
Dr. van Ryn, Hon. V.P.

War Ministry (appointed by Government).
Dr. G. Martin, Hon. V.P.

L'Académie Royale de Médecine de Belgique.
Prof. Vleminck, Hon. V.P.

Gouvernement Provincial de Liège.
Dr. van Beneden.

La Société Médico Chirurgicale de Liège.
Dr. van Beneden.

La Société Royale de Médecine publique et de la Topographie Médicale de Belgique.
Dr. Casse.

Ligue Nationale belge contre la Tuberculose.
Prof. Heymans.
Dr. van Ryn, Hon. V.P.

La Société de Salubrité publique et d'Hygiène de la Province de Liège.
Dr. G. Jorissenne.

BULGARIA.

Le Ministère des Affaires Etrangères.
Dr. Mikhaïlovsky, Hon. V.P.
Dr. Kiroff, Hon. V.P.

DENMARK.

Repräsentant des Dänischen Staates.
Dr. Chr. Gram, Hon. V.P.

Danish Board of Agriculture.
Dr. B. Bang, Hon. V.P.

National foreningen til Tuberculosens Bekaempelse.
Dr. Knud Faber.

FRANCE.

Le Ministère de l'Instruction Publique.
Prof. Bouchard, Hon. V.P.
Prof. Brouardel, Hon. V.P.
Prof. Calmette, Hon. V.P.
Prof. Chantemesse, Hon. V.P.
Prof. Cornil, Hon. V.P.
Prof. Dieulafoy, Hon. V.P.
Prof. Duclaux, Hon. V.P.
Prof. Grancher, Hon. V.P.
Prof. Landouzy, Hon. V.P.
Prof. Lannelongue, Hon. V.P.
Dr. Fernand Lédé.
Prof. Proust, Hon. V.P.
Dr. Thoinot, Hon. V.P.

Le Ministère de l'Intérieur.
Monsieur Henri Monod.
Prof. Proust.
Prof. Chantemesse.
Monsieur Ogier.
Dr. Mosny.
Dr. Bordas.
Dr. Josias.
Monsieur Mourier.
Monsieur Felix Voisin.
Monsieur Heppenheimer.

Le Ministère de l'Instruction Publique et des Beaux Arts.
Dr. Ollive.

Le Comité Consultatif d'Hygiène Publique.
Dr. Jules Ogier.

Le Ministère de la Marine.
Dr. Ch. Auffret, Hon. V.P.

Société de Préservation contre la Tuberculose.
Dr. Barbary.

Les Chemins de fer de l'Etat.
Dr. Redard.

Conseil d'Hygiène Publique et de Salubrité du Département de la Seine.
Dr. Bordas.
Dr. Albert Josias.
M. Nocard, Hon. V.P.
Dr. Thoinot, Hon. V.P.

FRANCE—continued.

Conseil Municipal de Paris.
Dr. Chérot.
M. Colly.
M. Houdé.
M. Lepelletier.
M. Morel.
M. Ransom.
M. Ambroise Rendu.

L'Académie de Médecine.
Prof. Brouardel, Hon. V.P.
Prof. Landouzy, Hon. V.P.
Prof. Lannelongue, Hon. V.P.
Prof. Robin.

La Société de Biologie.
Prof. Bouchard, Hon. V.P.
Prof. Dupuy.
Prof. Landouzy, Hon. V.P.

La Société Médicale des Hôpitaux de Paris.
Dr. Béclère.
Dr. Faisans.
Dr. Galliard.
Dr. Launois.
Dr. Letulle, Hon. V.P.
Dr. Troisier.

L'Université de Nancy.
Prof. Paul Spillmann.
Prof. Louis Spillmann.
Prof. Haushalter.

L'Université de Bordeaux.
Dr. Arnozan.
Dr. Hobbs.
Dr. Lalesque.

Ligue Française contre la Tuberculose.
Dr. Armaingaud, Hon. V.P.
Dr. Lasalle.

Société des Anciens Médecins des Armées de terre et de mer.
Dr. Baradat.

L'Œuvre de la Tuberculose Humaine.
Dr. Gustave Bernard.
Dr. Samuel Bernheim.

La Faculté de Médecine de Bordeaux.
Dr. H. Arnozan.

"*La Médecine Moderne.*"
Dr. Hobbs.

GERMANY.

Imperial Government.
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BRETTELL, Mrs., c/o the Town Clerk, Town Hall, Dudley.
BREUILLARD, Dr. C., Établissement Thermal, Saint Honoré les Bains, Nièvre, France.
BRIDGES, JOHN H., M.B., B.A., 2 Park Place Gardens, Paddington, W.
BRIDGEWATER, THOMAS, 39 Corporation Street, Brighton.
BRIGGS, THOMAS, Lord Mayor (*S.V.P.*), Mansion House, Manchester.
BRINDLEY, ALBERT E., M.D., D.P.H., M.O.H., Parson's Lane, Bury, Lancashire.
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BROADBENT, Sir WILLIAM, Bart., K.C.V.O., M.D., F.R.S. (Chairman of the Organising Council), 84 Brook Street, Grosvenor Square, W.
BROADBENT, Lady, 84 Brook Street, Grosvenor Square, W.
BROCK, GEORGE S., M.D., Via Veneto, Rome.
BROCK, WILLIAM, D.Sc., F.R.S.E., M.B., c/o the County Clerk, Linlithgow.
BROCKMAN, Colonel DRAKE, 14 Welbeck Street, W.
BROMLEY, Dr. JOHN, Castle Hedingham, Essex.
BROUARDEL, Professor (*V.P.*), Doyen de la Faculté de Médecine de l'Université de Paris, 49 rue des Saints Pères, Paris.
BROUARDEL, Madame LAURE, 49 rue des Saints Pères, Paris.
BROUGH, W. S., Leek, Stafford.
BROWN, Councillor, Town Hall, Upper Street, N.

BROWN, Dr. F. GORDON, 17 Finsbury Circus, E.C.
BROWN, Dr. F. H. BURTON, 3 Via Venti Settembre, Rome.
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BROWN-MORISON, J.B., J.P., D.L., Harrow-on-the-Hill.
BROWNE, Dr. CHARLES (President of the Society of Apothecaries) (*V.P.*), 45, Longridge Road, Earl's Court, W.
BROWNE, JAMES ARTHUR, M.B., B.A., 70 Russell Square, W.C.
BROWNE, Sir JAMES CRICHTON, M.D., LL.D., F.R.S. (Chairman of the Reception Committee), 61 Carlisle Place Mansions, S.W.
BROWNE, Lady, 61 Carlisle Place Mansions, S.W.
BROWNE, JOHN W., M.D., 10 College Square North, Belfast.
BROWNE, LENNOX, F.R.C.S.E., 15 Mansfield Street, Portland Place, W.
BROWNING, BENJAMIN, D.P.H., M.O.H., 16 Royal Terrace, Weymouth.
BRUCE, Dr. CATHCART, 3 Petersham Terrace, Gloucester Road, S.W.
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BRUCE, WILLIAM, M.O.H., The Castle, Dingwall, N.B,
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BRUNTON, Sir LAUDER, F.R.S., M.D. (*S.V.P.*), 10 Stratford Place, W.
BRUNTON, Lady, 10 Stratford Place, W.
BRYAN, Councillor F. A., 4 Phelp Street, Walworth, S.E.
BRYANT, J. H., F.R.C.P., 8 Mansfield Street, W.
BRYANT, THOMAS, F.R.C.S., 27 Grosvenor Street, W.
BRYDEN, R. A., 212 Great Vincent Street, Glasgow.
BRYETT, LEWIS T. F., M.D., D.P.H., M.O.H., The Town Hall, Shoreditch, E.
BUARD, Dr. C., 29 rue de Lamourous, Bordeaux.
BUCHANAN, JOHN, M.D., Thirsk, Yorks.
BUCHANAN, Mrs., Thirsk, Yorks.
BUCHANAN, R. M., M.B., 9 Burnbank Terrace, Glasgow.
BUCK, A. H., F.R.C.S., 41 Cambridge Road, Brighton.
BUCKHOUT, Dr. K., 71 Kalamagov, Michigan, U.S.A.
BULL, Dr. RICHARD, Melbourne, Victoria, Australia.
BULLOCH, WILLIAM, M.D., London Hospital, E.
BULLOCK, Dr. H. M., Parklands, Bradninch, Devon.
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BUND, T. W., Shirehall, Worcester.
BUNN, W. C., 54 Gray's Inn Road, W.C.
BURDON-SANDERSON, Sir JOHN, Bart., F.R.S., M.D., Regius Professor of Oxford (*V.P.*), 64 Banbury Road, Oxford.
BURGOYNE, P. B., 5 Dowgate Hill, E.C.
BURNET, ROBERT W., M.D., 36 Grosvenor Street, W.

BURNETT, FRANK M., 34 High Street, Sevenoaks, Kent.
BURRELL, HORACE, 144 Inverness Terrace, W.
BURRELL, THOMAS, M.R.C.V.S., 50A Brewer Street, Regent Street, W.
BURRELL, WILLIAM, 4 Devonshire Gardens, Kelvinside, Glasgow.
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BUTCHER, THOMAS, M.R.C.V.S., Cleobury Mortimer, Salop.
BUTLIN, HENRY T., F.R.C.S., 82 Harley Street, W.
BUTTERS, H. L., M.R.C.V.S., 31 South Wharf Road, Paddington, W.

C.

CABALLERO, Dr. P. E., 44 Huron Road, Balham, S.W.
CADELL, Dr. MARTHA, 15 Talbot Road, W.
CADOGAN, the Rt. Hon. the Earl of, K.G., Chelsea House, Cadogan Place, S.W.
CAHILL, J. Z., Isle House, Cold Harbour, Blackwall, E.
CAIN, Alderman, the Town Hall, Bootle.
CALDICOTT, Dr. C. H., Millbrook Cottage, Chobham, Woking.
CALEY, GUTHRIE N., Colville House, Ealing, W.
CALEY, H. A., M.D., 24 Upper Berkeley Street, Portman Square, W.
CALLAGHAN, Dr. JAMES L., the Town Hall, Coventry.
CALLEJA, Dr. JULIAN, Decano de la Facultad de Medecina (*V.P.*), Argensola 6, Madrid.
CALLENDER, EUSTACE M., M.D., 40 Connaught Square, W.
CALMETTE, Professor (*V.P.*), Institut Pasteur, Lille, France.
CALWELL, WILLIAM, M.A., M.D. (Hon. Secretary of Section II.), 1 College Square North, Belfast.
CAMACHO, ANGEL, 45 Queen's Gate Gardens, S.W.
CAMERON, Sir CHARLES, C.B., M.D. (*S.V.P.*), 51 Pembroke Road, Dublin.
CAMERON, JAMES S., M.D., Municipal Buildings, Leeds.
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CAMPBELL, Councillor ANDREW, M.D., Navenby, Lincolnshire.
CAMPBELL, A. J., M.D., J.P., 10 Clarendon Terrace, Dundee.
CAMPBELL, H. J., M.D., 36 Manningham Lane, Bradford.
CAMPBELL, JOHN W., M.D., Casa Rossa, Mentone.
CANCELLOR, B. D., Jewry Street, Winchester.
CANNEY, Councillor Rev. EDWARD, the Town Hall, Holborn.
CANTACUZINO, Dr. JEAN (*V.P.*), Bucharest, Roumania.
CANTAEUZEUE, Dr., 5 Rue de Medici, Paris.
CANTLIE, JAMES, M.B., M.A., D.P.H., 46 Devonshire Street, Portland Place, W.
CAPO, Senor ESPINA Y (*V.P.*), Atocha 3, Madrid.
CAPON, HERBERT J., 40 Upper George Street, Bryanston Square, W.
CARBUT, Sir EDWARD, Bart., 19 Hyde Park Gardens, W.
CARLESS, ALBERT, F.R.C.S., 10 Welbeck Street, W.
CARLINE, W. A., M.D., Lincoln.
CARR, JOHN CECIL, M.B., Newtown House, Carlisle.
CARR, J. WALTER, M.D., F.R.C.S., 19 Cavendish Place, W.

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CARTER, GEORGE W., F.R.C.V.S., the Town Hall, Keighley, Yorks.
CARTER, J. BONHAM-, Adhurst St. Mary, Petersfield, Hants.
CARTER, R. J., M.D., 57 Acacia Road, St. John's Wood, N.W.
CARTER, Professor W., M.D., LL.D., 78 Rodney Street, Liverpool.
CARVALHO, Professor LOPE DE (*V.P.*), La Guarda, Portugal.
CASH, Professor J. THEODORE, F.R.S., Aberdeen University, Aberdeen.
CASSE, Dr., Rue Royale, 90 Brussels.
CASSEL, Sir ERNEST, K.C.M.G., 48 Grosvenor Square, W.
CASTRO, Dr. FERREIRA DE (Redacteur da Medicina Moderna), rue da Boa Vista, Oporto, Portugal.
CATHCART, GEORGE C., M.B., 35 Harley Street, W.
CATHCART, Dr. SAMUEL, Hornsey Lane Gardens, Highgate, N.
CATON, Professor RICHARD, M.D., F.R.C.P., 86 Rodney Street, Liverpool.
CATTLE, C. H., M.D., 2 East Circus Street, Nottingham.
CAUDWELL, WILLIAM, F.R.C.V.S., Chertsey, Surrey.
CAWDOR, the Earl of (*V.P.*), 7 Princes Gardens, S.W.
CAYLEY, Colonel HENRY, I.M.S., Cherrahurst, Weybridge.
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CHAMBERLAIN, the Rt. Hon. JOSEPH, M.P. (*V.P.*), 40 Princes Gardens, S.W.
CHANTEMESSE, Professeur (*V.P.*), 30 Rue Boisny d'Anglas, Paris.
CHAPLIN, the Rt. Hon. HENRY (*V.P.*), Stafford House, St. James', S.W.
CHAPMAN, A., 248 Casella Road, Waleham Park, S.E.
CHAPMAN, Councillor L. P., Parkfield, Rampside, Barrow-in-Furness.
CHAPMAN, PAUL M., M.D., 1 St. John Street, Hereford.
CHAPMAN, WILLIAM, 498 Rochdale Road, Manchester.
CHARLES, Major H. HAVELOCK, M.D., I.M.S., Bengal.
CHEADLE, W. B., M.A., M.D., 19 Portman Square, W.
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CHEYNE, W. WATSON, F.R.S., F.R.C.S. (*S.V.P.*), 75 Harley Street, W.
CHIENE, JOHN, M.B., 26 Charlotte Street, Edinburgh.
CHILDS, CHRISTOPHER, M.A., M.D., 10 Manchester Square, W.
CHISHOLM, SAMUEL, Lord Provost (*S.V.P.*), Glasgow.
CHIVERIEL, Miss, Paston House, Paston Place, Brighton.
CHOWN, J. C., 24 Home Road, Battersea, S.W.
CHREIMAN, Miss, M.A., 39 York Place, Portman Square, W.
CHRISTISON, Sir A., Bart., M.D., 40 Moray Place, Edinburgh.
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CLADOS, Dr., c/o the Greek Legation, 31 Marloes Road, W.
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CLARK, JAMES, F.R.C.V.S., Coupar Angus, Perthshire.
CLARK, RICHARD, 20 Learmouth Terrace, Edinburgh.
CLARKE, Lieut.-General the Hon. Sir ANDREW, G.C.M.G., C.B. (*V.P.*), 15 Victoria Street, S.W.
CLARKE, Sir ERNEST, 13 Hanover Square, W.

CLARKE, J. MICHELL, M.D., Professor of Pathology, 23 Pembroke Road, Clifton, Bristol.
CLARKE, R. W., M.R.C.V.S., Beech House, Wragley, Lincolnshire.
CLARKE, Dr. S. A., Mena House, Horley, Surrey.
CLARKSON, J., M.R.C.V.S., Garforth, nr. Leeds.
CLEASE, R. S., the Shirehall, Shrewsbury.
CLUTTON, HENRY H., M.A., F.R.C.S., M.B., 2 Portland Place, W.
COATES, CHARLES, F.R.C.P., 10 the Circus, Bath.
COATES, HAROLD, M.B. D.P.H., 38 Pitt Street, Oldham.
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COCKBURN, Sir JOHN A., M.D. (*V.P.*), 1 Crosby Square, E.C.
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COGGAN, H., Clarendon House, Norwood Road, Herne Hill, S.E.
COHN, J., M.R.C.S., L.R.C.P., Chemins, Saxony.
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COLEY, FREDERIC C., M.D., 21 Eldon Square, Newcastle-upon-Tyne.
COLLIER, WILLIAM, M.D., St. Mary's Entry, Oxford.
COLLINGRIDGE, WILLIAM, M.D., D.P.H., King William Street, Greenwich, S.E.
COLLINS, H. BEALE, D.P.H., Kingston-on-Thames.
COLLINS, H. H., 61 Old Broad Street, E.C.
COLLINS, J. W., M.D., F.R.C.S., 1 Albert Terrace, Regent's Park, N.W.
COLLY, M., Le Bureau du Conseil Municipal, Paris.
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COOKSON, Alderman EDWARD H., Liverpool.
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COPELAND, the Hon. HENRY (*V.P.*), 9 Victoria Street, S.W.
CORFIELD, Professor W. H., M.D., 19 Savile Row, W.
CORNIL, Professeur, Académie de Médécine, Paris.
CORTEZA, Senor Dr. (*V.P.*), Madrid.
COSTA, JAIME R., Professeur à la Faculté de Médécine de Buenos Aires, Buenos Ayres, S. America.
COSTER, Mrs., 17 Old Cavendish Street, W.
COTMAN, Dr. J. S. E., 6 The Crescent, Minories, E.C.
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COURMONT, Dr. PAUL, 4 Place d'Arnay, Lyons.
COUSIN, Dr. GUSTAVE, 44 Rue Sainte, Marseilles.
COZZOLINO, Professor VINCENZO, Via Paolo Emilio Imbriani 30, Naples.
CRABB, J., M.A., M.D., D.P.H., 59 Parkhurst Road, Holloway, N.
CRACE-CALVERT, GEORGE A., 27 Orlando Road, Clapham Common, S.W.
CRAIG, JAMES, M.D., 35 York Street, Dublin.

CRAMPTON, GEORGE S., M.D., 527 19th Street, Rock Island, Illinois, U.S.A.
CRAWFORD, TYSON, 35 Ludgate Hill, E.C.
CRITCHETT, G. ANDERSON, M.A., F.R.C.S., 21 Harley Street, W.
CROMBIE, Lieut.-Colonel ALEXANDER, M.D., I.M.S., 10 Devonshire Street, Portland Place, W.
CROOKSHANK, EDGAR, Professor of Pathology, East Grinstead, Sussex.
CROSBIE, Mrs., Kent House, Kensington Court, W.
CROSBY, Alderman THOMAS BOOR, M.D., 13 Fenchurch Street, E.C.
CROSSLEY, WILLIAM J. (*S.V.P.*), the Consumption Hospital, Hardman Street, Manchester.
CROSTHWAITE, ARTHUR, Rt. Hon. Lord Mayor (*S.V.P.*), Mansion House, Liverpool.
CROTTE, FRANCISQUE, chez M. le Dr. Salivas, 107 Rue St. Lazare, Paris.
CROUZET, Dr. M., Pau, Basses Pyrenées, France.
CROWE, GEORGE WYNDHAM, M.D., 43 Foregate Street, Worcester.
CROWE, Mrs., 43 Foregate Street, Worcester.
CROWHURST, WILLIAM H., F.R.C.V.S., the Paddock, Chantry Lane, Canterbury.
CROWLEY, RALPH L., M.D., 116 Manningham Lane, Bradford.
CUFFLIN, Alderman, Town Hall, Upper Street, N.
CULHAM, Councillor, the Town Hall, Hastings.
CULLEN, MATHESON, M.D., B.Sc., 48 Lauriston Place, Edinburgh.
CUTLER, THOMAS W., Hon. Secretary of Architectural Section of Museum Committee, 5 Queen's Square, Bloomsbury, W.C.
CUTLER, Mrs. THOMAS, 5 Queen's Square, Bloomsbury, W.C.
CZAPSKI, GRAF VON HUTTEN, Hohenzollernstrasse 2, Berlin, W.

D.

DAGG, RALPH, Baltinglass, co. Wicklow.
DALAND, Dr. JUDSON, 317 South 18th Street, Philadelphia, U.S.A.
DALBY, FREDERICK W., Compton, Collingham Bridge, Leeds.
DALEY, Dr., the Town Hall, Bootle.
DALTON, Councillor MARK, 340 Old Ford Road, Bow, E.
DALZIEL, Professor T. KENNEDY, 196 Bath Street, Glasgow.
DANCY, H. M., 43 Cathcart Road, South Kensington, S.W.
DANIEL, R. N., 13 Nevern Square, South Kensington, S.W.
DANIELS, C. W., M.B., Government M.O.H., George Town, British Guiana.
DAUNTON, GEORGE, 1 Guildford Street, W.C.
DAVIDSON, J., M.B., 59 St. Andrews, Uxbridge.
DAVIDSON, JAMES B., 46A Union Street, Aberdeen.
DAVIES, Councillor, M.D., 87 Cambridge Gardens, Kensington, W.
DAVIES, Dr. ARTHUR, Northampton House, Swansea.
DAVIES, ARTHUR T., M.D., B.A., 23 Finsbury Square, E.C.
DAVIES, D. GLADSTONE, M.R.C.V.S., c/o the Town Clerk, Swansea.
DAVIES, D. S., M.D., M.O.H., Public Health Office, 41 Princes Street, Bristol.
DAVIES, EBENEZER, M.O.H., Brunswick House, Swansea.
DAVIES, SIDNEY, M.D., D.P.H., M.O.H., Woolwich.
DAVIS, ARTHUR N., Medical Superintendent of the Devon County Asylum, Exminster Asylum, S. Devon.
DAWES, H. J., F.R.C.V.S., Camden House, W. Bromwich.
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DAY, HENRY, Town Clerk's Office, Reading.
DAY, Dr. WILLIAM H., The Laurels, 2 Leigh Road, Highbury, N.
DEAL, E. ELVIN, M.D., Boston, Massachusetts, U.S.A.
DEANE, JOHN, 38 Uxbridge Road, Ealing, W.
DEAR, A. J., 54 Gray's Inn Road, W.C.
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DELANEY, W. P., 94 Upper Dorset Street, Dublin.
DELÉPINE, Professor SHERIDAN, M.D. (*S.V.P.*), Professor of Pathology, Eaglefield, Victoria Park, Manchester.
DELVES, Alderman, 23 Mount Sion, Tunbridge Wells.
DEMPSEY, Professor M. J., M.D., F.R.C.P., 37 Westland Row, Dublin.
DENHAM, KNOX, F.R.C.P.I., 67 Lower Baggot Street, Dublin.
DENISON, Dr. CHARLES (*V.P.*), Denver, Colorado, U.S.A.
DENYS, JOSEPH, Professeur à l'Université de Louvain, Louvain, Belgium.
DERBY, the Rt. Hon. the Earl of, K.G. (*V.P.*), Derby House, St. James's, S.W. (President of the Organising Council).
DERBY, the Countess of, Derby House, St. James's, S.W. (President of the Ladies' Reception Committee).
DESNOS, Dr. E., 31 Rue de Rome, Paris.
DESTRÉE, Dr., Membre du Conseil Supérieur d'Hygiène (*V.P.*), 41 Rue de la Régence, Brussels.
DES VOEUX, H. A., M.D., M.O.H., 44 Buckingham Gate, S.W.
DETTWEILER, Dr. (*V.P.*), Cronberg, Taunus, Germany.
DEWAR, Professor, F.R.C.V.S. (*S.V.P.*), Dick's Veterinary College, Clyde Street, Edinburgh.
DICK, Councillor JAMES, 10 Belmont Street, Hillhead, Glasgow.
DICKINSON, Alderman, J.P., 22 Palatine Square, Burnley.
DICKINSON, W. HOWSHIP, M.D., J.P., Chairman of the London County Council (*V.P.*), 9 Chesterfield Street, Mayfair, W.
DIEULAFOY, Professor (*V.P.*), Membre de l'Académie de Médecine, Paris.
DINGLE, CHARLES V., M.D., M.O.H., Municipal Buildings, Middlesborough.
DINGLEY, A.W., M.D., 7 Argyle Square, W.C.
DIVER, E. W., M.D., Belle Vue Open Air Sanatorium, Shotley Bridge, Co. Durham.
DIXEY, HARRY E., M.D., Woodgate, Malvern.
DIXON, Rt. Hon. Sir DANIEL, J.P., D.L. (Lord Mayor), Town Hall, Belfast.
DIXSON, E. C., M.R.C.V.S., High Street, Margate.
DOBBING, W. NEWTON, M.R.C.V.S., Skinnersgate, Darlington.
DOBSON, the Honourable ALFRED (*V.P.*), Tasmania.
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DODD, Councillor, Grosvenor Lodge, Tunbridge Wells.
DODSWORTH, F.C., M.O.H., Gunnersbury, Chiswick.
DOLAMORE, Dr. W. H., 40 Leicester Square, W.C.
DOLAN, THOMAS M., M.D., F.R.C.S.E., Horton House, Halifax.
DOLLAR, JOHN A. W., M.R.C.V.S., 56 New Bond Street, W.
DOMVILLE, Councillor Dr. EDWARD J., Northernhay House, Exeter.
DONATH, Dr., Wageningen, Holland.
DONELAN, JAMES, M.B., 6 Manchester Square, W.
DONOHUE, F. O., M.D., Syracuse, U.S.A.
DORE, S. E., B.A., Whitehall, Hornsey Lane, N.
DORE, S. L., Whitehall, Hornsey Lane, Highgate, N.

DOUGAN, Bailie, 2 Sandyford Place, Glasgow.
DOUGLAS, W., M.D., Brandfold, Goudhurst, Kent.
DOUTY, E. H., M.D., Hotel Belvedere, Davos Platz.
DRESCHFELD, Professor T., M.D., F.R.C.P., Farndon House, Wilmslow Road, Rusholme, Manchester.
DREWITT, F. DAWTREY, M.D., 14 Palace Gardens Terrace, Kensington, W.
DRUCE, G. CLARIDGE, 118 High Street, Oxford.
DUCKWORTH, Sir DYCE, Bart., M.D., LL.D. (*S.V.P.*), 11 Grafton Street, W.
DUCLAUX, Professor (*V.P.*), Paris.
DUDFIELD, REGINALD, M.A., M.B., D.P.H., M.O.H., the Town Hall, Paddington, W.
DUDFIELD, T. ORME, M.D., the Town Hall, Kensington, W.
DUDGEON, G. R., M.R.C.V.S., Sunderland.
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FINLAY, Professor, M.D., F.R.C.S., F.R.S.E., 2 Queen's Terrace, Edinburgh.
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FOSTER, MICHAEL G., M.D., M.A., 55 Upper Brook Street, W.
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G.

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GAEBEL, Professor (*V.P.*), 26 Königin Augustastrasse, Berlin, W.
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HARROLD, J., Royal Hospital for Diseases of the Chest, City Road, E.C.
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HASLAM, WILLIAM F., 54 Newhall Street, Birmingham.
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HEATH, CHARLES J., F.R.C.S., 3 Cavendish Place, Cavendish Square, W.
HEATH, W. LENTON, M.D., F.R.C.S., 90 Cromwell Road, S.W.
HEATLEY, Councillor GEORGE S., M.R.C.V.S., Wellwood House, Morpeth, Westmoreland.
HECTOR, C. MONRO, M.D., B.Sc., the University College, Sheffield.
HEDDY, Dr. W. J., 46 Redcliffe Gardens, S.W.
HEDLEY, MATTHEW, F.R.C.V.S. (*S.V.P.*), 6 Royal Terrace West, Kingstown, Ireland.
HEDLEY, Dr. WILLIAM, the Town Hall, Newcastle-upon-Tyne.
HEINEMANN, Professor, Bad Nauheim, Germany.
HEMBOROUGH, J. W., M.D., M.O.H., Moothall, Newcastle-upon-Tyne.
HENDERSON, CRAIG & Co., Messrs., 97 Queen Victoria Street, E.C.
HENDERSON, Miss JANE B., M.D., 6 Saltoun Gardens, Kelvinside, Glasgow.
HENDERSON, Dr. WILLIAM A., 41 Via Romana, Florence.
HENDLEY, Colonel T. H., C.I.E., Bengal.
HENRY, JOSEPH, M.D., M.O.H., the Town Hall, Rochdale.
HEPPENHEIMER, AUGUSTE, Rue des Prisonniers 55, Paris.
HÉRARD, Dr. (*V.P.*), 12 bis, Place de Laborde, Paris.
HERBERT, Hon. Sir R. G. W., G.C.B. (*V.P.*), 3 Whitehall Court, S.W.
HERON, GEORGE A., M.D., F.R.C.P., 57 Harley Street, W.
HERON, Mrs., M.L.R.C., 57 Harley Street, W.
HERZSTEIN, MORRIS, M.D., 801 Sutter Street, San Francisco, California, U.S.A.
HESS, JULIUS H., M.D., Chicago, U.S.A.
HEWITT, Dr. D. B., J.P., Oakleigh, Northwich.
HEWLETT, R. TANNER, the London School of Tropical Medicine, Greenwich.
HEYDWEILER, Dr., Munster, Westphalia, Germany.
HEYMANS, Professor, 170 Rue Joseph II., Brussels, Belgium.
HIBBARD, THOMAS, M.R.C.V.S., New Brompton, Kent.
HIBBERT, the Right Hon. Sir JOHN T., K.C.B. (*V.P.*), Reform Club, Pall Mall, S.W.
HICKS, FREDERICK, c/o Hill & Son, 66 Smithfield, E.C.
HIGGINS, EAGLE & Co., 6 Cannon Street, E.C.
HIGGS, Miss, 60 Brixton Hill, S.W.
HIGHTON, —, Lyndhurst, Park Hill, Clapham, S.W.
HILL, ALFRED, M.D., the Council House, Birmingham.
HILL, A. BOSTOCK, M.D., the Unity Buildings, Temple Street, Birmingham.
HILL, Dr. HUGH GARDNER, Middlesex County Asylum, Upper Tooting, S.W.
HILL, JOHN, c/o Hill & Son, 66 West Smithfield, E.C.
HILL, THOMAS E., M.B., B.Sc., M.O.H., c/o the County Council Clerk, the Shire Hall, Durham.
HILL, WILLIAM, M.D., 26 Weymouth Street, W.
HILLABY, Dr. ARTHUR, M.O.H., c/o the Town Clerk, Pontefract.
HILLIER, ALFRED P., M.D. (Hon. Secretary of Reception Committee), 30 Wimpole Street, W.
HILLIER, Mrs. ALFRED, 30 Wimpole Street, W.
HILLS, Dr. ROWLAND, Infant Orphan Asylum, Wanstead.
HILLS-JOHNES, Lieut.-General Sir JAMES, Dolancothy, Llanwrda, S. Wales.
HIME, THOMAS W., M.D., 62 Horton Road, Bradford.

HINDMARSH, Alderman, Gateshead.
HINDS, FRANK, M.D., 14 The Steyne, Worthing.
HINTON, HAMMOND T., M.B., Heytesbury, Wilts.
HIRAI, Dr. T., Assistant Professor at the University of Tokio, 105 IIB, Invalidenstrasse, Berlin.
HIRONS, Alderman GRANTON, Spa Road, Boscombe, Bournemouth.
HIRST, Councillor GEORGE, the Town Hall, Batley.
HIRST, ROWLAND, The Eagle, Snaresbrook.
HITCHON, H. H. J., M.O.H., the Municipal Buildings, Heywood.
HOBBS, Dr., 108 Rue Fondaudège, Bordeaux.
HOBBS, J., St. Mary's Hospital, W.
HOBDAY, Professor F. T. C., F.R.C.V.S. (Hon. Secretary of Section IV.), 27 Lower Phillimore Place, W.
HOBDEN, Councillor RICHARD C., Lewes.
HOBHOUSE, JOHN, M.D., 36 Brunswick Place, Brighton.
HODGKINSON, ALEXANDER, M.B., 18 St. John Street, Manchester.
HODGKINSON, Mrs., Artillery Mansions, S.W.
HODGSON, Dr. WILLIAM, Helmsville, Crewe.
HOFFMAN, FREDERICK L. (Statistician of the Prudential Insurance Company of America), Newark, New Jersey, U.S.A.
HOLBURN, ALFRED, M.R.C.V.S., City Abattoir, Water Street, Manchester.
HOLLAND, T., Town Hall, King's Road, Chelsea, S.W.
HOLMAN, C., M.D., 26 Gloucester Place, W.
HOLMBOË, Director MICHAEL (*V.P.*), Christiania, Norway.
HOLROYDE, JOHN, D.P.H., M.O.H., the Town Clerk's Office, Chatham.
HOLST, Dr. AXEL (*V.P.*), Christiania, Norway.
HOLT, THOMAS (Mayor), Stonehome, Walshaw, Bury, Lancashire.
HONAN, Dr., Lützowstrasse 78, Berlin.
HONEYBURNE, RICHARD, M.D., Bradford Road, Idle, Yorks.
HONEYBURNE, Mrs., Idle, Yorks.
HOOD, DONALD, M.D., F.R.C.P., 43 Green Street, Park Lane, W.
HOOD, WHARTON, M.D., 11 Seymour Street, W.
HOOD, Miss WHARTON, 11 Seymour Street, W.
HOOKHAM, FREDERICK, Hampton, Malvern.
HOOPER, Dr. CHARLES, Aylesbury, Bucks.
HOOPER, Surgeon-General WILLIAM R., India Office, St. James's, S.W.
HOPE, E. W., M.D., D.Sc., M.O.H., Municipal Buildings, Dale Street, Liverpool.
HOPE, Miss H. S., 36 Clarges Street, Piccadilly, W.
HOPKIN, Councillor M., c/o R. Yeo, Esq., St. Thomas, Swansea.
HOPKINS, MORGAN, 3rd/13 Glamorgan Rifles, Salisbury Plain.
HORN, Alderman, J.P. (Mayor), Market Place, Derby.
HORNE, JOBSON, M.D. (Hon. Secretary of Museum Committee), New Cavendish Street, W.
HORNER, F. R., 41 Manor Park, Lee, S.E.
HORNER, ISAAC, Knostrop, Leeds.
HORROCKS, PETER, M.D., 45 Brook Street, W.
HORSFALL, Councillor, 14 Butter Street, Bradford.
HORTON-SMITH, PERCIVAL, M.D., M.A., 15 Upper Brook Street, W.
HOTTLET, Dr., Sanatorium St. Gérard, Namur, Belgium.
HOUDÉ, M., Le Bureau du Conseil Municipal, Paris.
HOUGH, C. H., Full Street, Derby.
HOULDING, Alderman JOHN, c/o the Town Clerk, Municipal Buildings, Liverpool.
HOULGRAVE, Dr. A., 23 Great George's Road, Waterloo, Liverpool.
HOVELL, T. MARK, F.R.C.S., 105 Harley Street, W.

HOWARD, EDWIN, M.D., F.R.C.S., 34A Gloucester Place, Portman Square, W.
HOWARD, HENRY, the Shire Hall, Worcester.
HOWARTH, W. J., M.D., D.P.H., M.O.H., Ford Street, Derby.
HOWELL, Miss E. E., Rhiewpor, Berrieu, Montgomeryshire.
HOWES, WILLIAM, 60 Tabernacle Street, E.C.
HUBBARD, Dr. HENRY, 26 Cornwall Road, W.
HUBBERSTY, R. S., M.D., 7 Grange Crescent, Sunderland.
HÜBSCH, ALBERT, The Sanatorium, Wehrawalder Bad, Black Forest.
HUDSON, Councillor ALBERT, 35 Southgate, Wakefield.
HUGGARD, W. R., M.D., Davos Platz, Switzerland.
HUGHES, Councillor J.P., Cardiff.
HUGHES, R., F.R.C.V.S., Willow Street, Oswestry.
HUGHES, S. H., F.R.C.S., 169 Macquarie Street, Sydney, Australia.
HUGHES, W. H. (Mayor), Margate.
HULFORD, C. F., M.R.C.V.S., Haslemere, Surrey.
HUNT, C. W. (Secretary), Hospital for Consumption and Diseases of Throat and Chest, Manchester.
HUNT, GEORGE H., M.B., San Remo, Italy.
HUNTER, CHARLES, Aykley Leads, Durham.
HUNTER, JOHN, Dipple, Lochabers, N.B.
HUNTER, WILLIAM, M.D., 103 Harley Street, Cavendish Square, W.
HUNTER, WILLIAM, M.B., London Hospital, E.
HUNTER, WILLIAM LOVELL, M.D., M.O.H., Glenera, Pudsey.
HUNTER, Mrs., Glenera, Pudsey.
HUNTING, WILLIAM, F.R.C.V.S. (*S.V.P.*), 16, Trafalgar Square, Chelsea, S.W.
HURD-WOOD, J., M.D., Whitmead Hill Sanatorium, near Farnham.
HURRY, J.B., M.A., M.D., D.P.H., Abbotsbrooke, Reading.
HURST, WALTER, B.Sc., L.S.A., 17 Doughty Street, W.C.
HUTCHEON, DUNCAN, M.R.C.V.S., the Cape Government Veterinary Department, Government Offices, Cape Town.
HUTCHINSON, Dr. S. J., 64 Brook Street, W.
HUTTON, HENRY R., M.A., M.B., Consumption Hospital, Hardman Street, Deansgate, Manchester.
HUTYRA, Dr. FRANÇOIS, Budapest, Hungary.

I.

I'ANSON, EDWARD BLAKEWAY, 3 Argyle Road, Kensington, W.
IBRAHIM, Dr. HASSAN (*V.P.*), Cairo, Egypt.
IMRIE, Alderman, 9 Mowbray Terrace, South Shields.
INNES, Lieut.-Colonel F. N., Learney, Torphins, Aberdeen.
ISARD, OSWALD H., Carnac, St. Peter's Road, Croydon.
ISHERWOOD, THOMAS, M.A., LL.D., Mayor, c/o J. Ernest Jarratt, Esq., Town Hall, Southport.
ISON, W. E., F.R.C.V.S., Veterinary Infirmary, Atherstone.
IVEAGH, Lord, LL.D., D.L., 5 Grosvenor Place, S.W.

J.

JACKMAN, C. HOWARD, 82 Cazenove Road, Stamford Hill, N.
JACKSON, J. C., D.P.H., M.O.H., Town Hall, Fulham, S.W.
JACKSON, THOMAS S., M.R.C.V.S., Fleetham, East Liss, Hampshire.
JACKSON, Alderman THOMAS V., Whetstone House, Waterloo Road, South Wolverhampton.
JACOB, PAUL (*V.P.*), Reichstagsufer 1, Berlin, N.W.
JACOBI, Dr. A. (*V.P.*), 110 West 34th Street, New York, U.S.A.
JACOBS, Alderman T. WINDSOR, Cardiff.
JAEGERS SANITARY WOOLLEN COMPANY, 95 Milton Street, E.C.
JAGIELSKI, V., M.D., 14 Dorset Square, N.W.
JAGO, Councillor, Godrevy House, Wilbenoy Avenue, Hove.
JAMES, Lord, of Hereford, 41 Cadogan Square, S.W.
JAMES, Miss, of Hereford, 41 Cadogan Square, S.W.
JAMES, C. A., D.P.H., 49 Stamford Hill, N.
JAMES, J. T., M.D., F.R.C.S., 30 Harley Street, W.
JANEWAY, Professor (*V.P.*), 36 West 40th Street, New York.
JEFFERYS, J. H., Castle Green, Kendal.
JEFFERYS, A. F., M.P., 20 Eaton Square, S.W.
JESSOP, Alderman W. H., J.P., Town Hall, Huddersfield.
JESSOP, W. H., M.B., F.R.C.S, 73 Harley Street, W.
JEYES' SANITARY COMPOUND COMPANY, LIMITED, 64 Cannon Street, E.C.
JOHNS, W. DENTON, Alderney House, Parkstone, Dorset.
JOHNSON, G. PETGRAVE, M.D., M.O.H., Sanitary Office, Stoke-upon-Trent.
JOHNSON, Dr. O., c/o the Principal Civil Medical Officer, Colombo, Ceylon.
JOHNSTON, JAMES, M.D., F.R.C.S., 53 Princes Square, W.
JOLLY, Dr. S. AIRD, Cumberland Park, Acton, W.
JONES, A. EMRYS, M.D., J.P., Bryndern, Fallowfield, Manchester.
JONES, Miss BEATRICE, Victoria Park Chest Hospital, Victoria Park, E.
JONES, Dr. EVAN, 89 Goswell Road, E.C.
JONES, FRANCIS E., 30 Cockspur Street, S.W.
JONES, G. M. DA SILVA, Medico Cirurgiac, 14 Rue de S. Félix, Lisbon.
JONES, H. E., Ewias Harold, Hereford.
JONES, Councillor H. J., 30 Lillie Road, Fulham, S.W.
JONES, J. HOWARD, M.O.H., Town Hall, Newport.
JONES, JOHN TALFOURD, M.B., 1 Lascelles Terrace, Grand Parade, Eastbourne.
JONES, Dr. P. SIDNEY, 16 College Street, Sydney, N.S.W.
JONES, RICHARD, M.R.C.V.S., Towyn, Merionethshire.
JONES, ROBERT, M.D., 11 Chandos Street, W.
JONES, Dr. HERBERT, Hereford.
JONES, Alderman THOMAS, 2 Clytha Square, Newport.
JONES, T. EATON, M.R.C.V.S., Municipal Buildings, Liverpool.
JONG, Dr. R. DE JOSSELIN DE, 7 Rue Wilhelmina, The Hague, Holland.
JONNART, Dr. PAUL, Sanatorium d'Hauteville, France.
JORISENNE, Dr. G., Boulevard de la Sauvenière 130, Liège, Belgium.
JOSEPH, N. S., 34 Inverness Terrace, W.
JOSIAS, Dr. ALBERT, 3 Rue Montalivet, Paris.
JOWETT, Alderman J. D., Bradford.
JOYNER, A. F. N., 39 Norland Square, W.

K.

KAHLE, Dr. C. E., Sisterville, U.S.A. (rep. Parke, Davis & Co.).
KANIN, N., Johannesburg, Transvaal.
KASHIWAMURA, S., Luisentrasse 47, Berlin, N.W.
KAY, JAMES, The Limes, Longridge, nr. Preston.
KAYE, JAMES R., M.O.H., D.P.H., Wentworth Lodge, Wakefield.
KEELING, JAMES, M.D., F.R.C.S., 267 Glossop Road, Sheffield.
KEEN, GEORGE, Buenos Ayres, Argentine Republic.
KELSON, W. H., M.D., F.R.C.S., 16 Old Burlington Street, W.
KELYNACK, T. N., M.D., 3 St. Peter's Square, Manchester.
KEMPNER, Dr. WALTER, Kgl. Institut für Infectionskrankheiten, Berlin.
KEMPSTER, W. H., M.D., 1 Albert Bridge Road, Battersea, S.W.
KENDALL, Vet. Captain E. A., Victoria, New South Wales.
KENNEDY, HENRY, Scarisbrick Avenue, Southport.
KENT, Professor A. F. STANLEY, 31 Henleaze Avenue, Bristol.
KENWOOD, H. R., M.B., D.P.H., Granville House, 9 Alexander Villas, Finsbury Park, N.
KERR, Dr. T. S., Principal M.O.H., Straits Settlements.
KIALLMARK, Lieut.-Colonel Surgeon, 5 Pembridge Gardens, W.
KIDD, PERCY, M.A., M.D., 60 Brook Street, Grosvenor Square, W.
KIDD, Dr. THOMAS, M.O.H., Rathvilly, Co. Carlow, Ireland.
KIDSON, A. F., Town Clerk, Town Hall, Folkestone.
KIÉTLY, Professor C. (*V.P.*), Szentkiralyi 13, Buda-Pesth, Hungary.
KILBURN, Alderman, Dewsbury.
KING, Bailie, 17 Queen's Crescent, Glasgow.
KING, DAVID B., 64 Sydney Street, S.W.
KING, GEORGE E., M.R.C.V.S., the Vineyard, Abingdon.
KING, JAMES, M.R.C.V.S., 10 Bank Street, Metropolitan Cattle Market, N.
KING, J. T., Southcote Road, Bournemouth.
KING, Dr. HERBERT MAXON, Grand Rapids, Michigan, U.S.A.
KINGSBURY, Alderman G. C., Brereton, Brighton Parade, Blackpool.
KINGWELL, HENRY A., 575 Old Kent Road, S.E.
KINKEAD, RICHARD J., M.D., Forster Street House, Galway.
KIRK, S. D., 413 Oxford Street, W.
KIRKWOOD, JAMES, 262 Byres Road, Glasgow.
KIROFF, Dr. (*V.P.*), Sofia, Bulgaria.
KITSON, Sir JAMES, Bart., Gledlow Hall, Leeds.
KLÄRMANN, Fräulein E., Vienna.
KLEIN, Dr. EDWARD, F.R.S. (*S.V.P.*), Harewood, Riverdale Gardens, Twickenham Park.
KLOVSTAD, Dr. ANDREAS, Lille Vale, Christiania.
KNOPF, Dr. S. A., 16 West 95th Street, near Central Park West, New York.
KNOWLES, ALEXANDER, c/o the Town Clerk, Inverness.
KOCH, E. PHILIP, M.D., Chicago, Illinois, U.S.A.
KOCH, Professor ROBERT (*V.P.*), Kufürstendamm 25, Berlin, W.
KÖHLER, Dr. (*V.P.*), 20 Klopstockstrasse, Berlin, N.W.
KOHLNAPUR, His Highness the Chkatrapati of, c/o the Divan of Kollapur, India.
KORANYI, Professor (*V.P.*), Buda-Pesth, Hungary.
KORSOSI, VON, Dr. JOSEPH, Buda-Pesth, Hungary.
KOSSEL, Professor, Berlinerstrasse 31, Charlottenberg, Berlin.
KOSSEL, Professor Regierungsrat, Burggrafenstrasse 5, Berlin, W.

KRAEMAR, FRANCIS, M.D., 10 Cornwallis Gardens, Hastings..
KREIENBRINK, Dr. GUSTAV, Bremerschen Heilanstalt, Görbersdorf, Germany.
KUSS, Dr. GEORGE, Sanatorium d'Angicourt, près Liancourt, Oise, France.
KUTTNER, Dr. A., Lützowplatz 6, Berlin.
KYNGDON, Dr. FREDERICK H., Sydney, New South Wales, Australia.
KYNSEY, Sir WILLIAM, K.C.M.G., Ceylon.

L.

LAITHWOOD, JAMES, F.R.C.V.S., Congleton, Cheshire.
LAKE, RICHARD, F.R.C.S., 10 Harley Street, W.
LALESQUE, Dr., c/o the British Consul, Arcachon.
LAMB, Dr. ROTT, Molong, New South Wales.
LAMBERT, BARON (*V.P.*), 24 Avenue Marnix, Brussels.
LAMBERT, Councillor, c/o the Town Clerk, York.
LAMBERT, GEORGE, M.P., Spreyton Bow, N. Devon.
LANCASTER, Councillor W. J., J.P., 37 Colmore Row, Birmingham.
DE LANCASTRE, Professeur D. A. (*V.P.*), Lisbon, Portugal.
LANDER, W. H., Tibberton, Newport, Salop.
LANDOUZY, Professeur L. (*V.P.*), 4 Rue Chauveau Lagarde, Paris.
LANDSBERGER, Dr., bei Herrn ROBERT LEVY, Wallner Theater Strasse 27, Berlin.
LANE, H. ANGHELL, 49 Beaumont Square, Mile End, E.
LANGDON-DOWN, R., M.B., Normanfield, Hampton Wick.
LANKESTER, Miss FAY (Hon. Secretary of the Ladies' Reception Committee), 5 Upper Wimpole Street, W.
LANKESTER, Dr. Owen, 5 Upper Wimpole Street, W.
LANNELONGUE, Professor (*V.P.*), 3 Rue François le Premier, Paris.
LANSDOWNE, the Marquess, K.G. (*V.P.*), Lansdowne House, Berkeley Square, W.
LAQUER, Dr. med. BENNO, Wiesbaden.
LARDER, HERBERT, Medical Superintendent, the Whitechapel Infirmary, Vallance Road, E.
LASALLE, Dr., Larmont, près Bordeaux.
LATHAM, ARTHUR, M.A., M.B., 44 Brook Street, W.
LATOUR, Dr. TOLOSA (*V.P.*), 133 Atocha, Madrid.
LAUBENHEIMER, Professor Geheimrat AUGUST, Höchst a/M., Germany.
LAUBENHEIMER, Candidat med. KURT, Höchst a/M., Germany.
LAUNOIS, Dr. P. E., 12 Rue Portalis, Paris.
LAURIE, Councillor, Osmaston Road, Derby.
LAURIE, HENRY, M.D., 2 Montague Street, Russell Square, W.C.
LAW, EDWARD, M.D., 8 Wimpole Street, W.
LAW, W. T., M.D., F.R.C.S., 30 Weymouth Street, Portland Place, W.
LAWRENCE, H. CRIPPS, M.D., Rahere, Pittville Park, Cheltenham.
LAWRENCE, LAURIE, F.R.C.S., 4 Queen Anne Street, W.
LAWRENCE, Sir JAMES, Bart., 57 Princes Gate, S.W.
LAWRIE, J. MACPHERSON, M.D., Greenhill, Weymouth.
LAWRIE, W. J., M.D., Ayr, N.B.
LAWSON, Sir ARTHUR, Westwood Grange, Leeds.
LAWSON, Councillor EDWARD E., Virginia Road, Leeds.
LAWSON, F. W. (the Lord Mayor) (*S.V.P.*), Town Hall, Leeds.
LEADBETTER, E. W., 5 Ellesmere Road, Sheffield.
LECKY, Mrs., 38 Onslow Gardens, S.W.

LEDÉ, Dr. FERNAND, 19 Quai aux Fleurs, Paris.
LEE, Councillor, c/o the Town Clerk, Coventry.
LEE, Mrs. RUTH, 1 Dean's Yard, Westminster, S.W.
LEESON, Dr. O. H., Collingham House, Cromwell Road, S.W.
LEGGE, THOMAS M., Home Office, Whitehall, S.W.
LEITH, Professor R. F. C., M.D., the University, Birmingham.
LEMAIRE, Dr. ALBERT, Louvain, Belgium.
LENNHOFF, JULIUS, Schmidstrasse 37, Berlin.
LENNHOFF, Dr. RUDOLF, Schmidstrasse 37, Berlin.
LEO, S. NEWTON, M.D., 105 West 55th Street, New York City.
LEON, A. P., J.P., L.C.C., Spring Gardens, S.W.
LÉON-PETIT, Dr. E. P. (*V.P.*), 20 Rue de Penthièvre, Paris.
LEPELLETIER, Monsieur, Le Bureau du Conseil Municipal, Paris.
LEPPER, HENRY G., M.R.C.V.S., Aylesbury.
VON LERCHEN-KÖFERING, Graf (*V.P.*), Berlin.
LERMITTE, Dr. CHARLES G., Gilberton House, Gilberton, Adelaide, South Australia.
LESLIE, ROBERT MURRAY, M.A., M.B., 53 Queen Anne Street, Cavendish Square, W.
LÉTULLE, Dr. MAURICE (*V.P.*), 7 Rue de Magdeburg, Paris.
LEVI, MONTEFIORE, 35 Rue de la Science, Brussels.
LEVINSOLM, H. R., 86 Holland Park, W.
LEWIS, ERNEST E., 21 Grosvenor Street, W.
LEWIS, Dr. H. EDWIN, 51 Union Street, Burlington, U.S.A.
LEWIS, WILLIAM K., Tarporley, Cheshire.
VON LEYDEN, Professor Dr. Geheimrat (*V.P.*), Bendlerstrasse 30, Berlin, W.
VON LEYDEN, Frau Geheimrat, Bendlerstrasse 30, Berlin, W.
LIAUTARD, Professor, 1404 Holmes Street, Kansas, U.S.A.
LIBERTS, Dr. Sanitätsrat, Gärtnerweg 14, Frankfurt a/M., Germany.
LIGHT, Dr. E. M., c/o the Prudential Assurance Company, Limited, Holborn Bars, E.C. (rep. Prudential Assurance Company).
LINDSAY, JAMES, M.D., College Square North, Belfast.
LINDSEY, JOHN, 63 Long Lane, Smithfield, E.C.
LINK, JULIUS, 31 John Street, W.C.
LINROTH, Dr. KLAS M., Stockholm, Sweden.
LISTER, Lord, M.D., LL.D., F.R.S., 12 Park Crescent, Regent's Park, N.W.
LISTER, JOSEPH, 91 South Street, Moor, Sheffield.
LISTER, R. ASHTON, The Towers, Dirsley, Gloucester.
LITCHFIELD, F., 11 Red Lion Square, W.C.
LITT, W. E., M.R.C.V.S., St. John's Hill, Shrewsbury.
LITTLE, JAMES, M.D., 14 St. Stephen's Green North, Dublin.
LITTLE, HENRY S., 106 London Street, Reading.
LITTLE, Dr. PRESTON, Iowa, U.S.A. (rep. of Parke, Davis & Co.).
LITTLEJOHN, Sir HENRY D., M.D., M.O.H. (*S.V.P.*), 24 Royal Circus, Edinburgh.
LITTLEJOHN, T. H., M.B., F.R.C.S.E., c/o the Town Clerk, Scarborough.
LITTLEWOOD, Dr. JOHN O., Mansfield, Nottinghamshire.
LIVESAY, G. A. BLIGH, Wilts and Dorset Bank Chambers, Boscombe, near Bournemouth.
LIVESAY, WILLIAM, M.D., Sudbury, Derby.
LIVINGSTONE, Alderman, M.D., Stanhope, Durham.
LLOYD, F. J., F.C.S., Muscovy House, 6 Trinity Square, E.C.
LLOYD, J. S., M.R.C.V.S., Sanitary Department, Town Hall, Sheffield.
LOCH, C. S., 15 Buckingham Street, W.C.

LOCH, ERNEST, M.B., 4 Osborn Road, Clifton, Bristol.
LOCKE, G. H., 98 Grosvenor Street, Oxford Street, Manchester.
LOE, Alderman Dr. JAMES S., Grange Avenue, Leeds.
LONG, Right Hon. WALTER (*V.P.*), Local Government Board, Whitehall, S.W.
LONGACRE, E. D., Shenandoah, Pennsylvania, U.S.A.
LONGHURST, ARTHUR E., M.D., 26 Lower Belgrave Street, Eaton Square, S.W.
LOOMIS, Dr. H. P., New York, U.S.A.
LOPES, Dr. F. SIMOËS, 50 Rue des Écoles, Paris.
LOPES, the Right Hon. Sir MASSEY (*V.P.*), 28 Grosvenor Gardens, S.W.
LORD, Dr. R., 57 Hereford Road, W. (rep. of Parke, Davis & Co.).
LORD, ROBERT E., M.D., Penlan, Wynnstay Road, Colwyn Bay.
LOUIS, D. A., 77 Shirland Gardens, W.
LOWEY, THEODORE, 112 Walton Road, Liverpool.
LOWMAN, JOHN H., M.D., 441 Prospect Street, Cleveland, Ohio, U.S.A.
LOYD, A. KIRKMAN, K.C., M.P., 60A Cadogan Square, S.W.
LUBBOCK, MONTAGU, M.D., 19 Grosvenor Street, W.
LUCAS, R. CLEMENT, B.A., M.B., 50 Wimpole Street, W.
LUCEY, WILLIAM CUBITT, M.D., Penrose House, Rosslyn Hill, Hampstead, N.W.
LUFF, ARTHUR P., M.D., F.R.C.P., D.P.H., 31 Weymouth Street, W.
LUMSDEN, THOMAS, M.D., 76 Eaton Terrace, S.W.
LUND, Councillor WILLIAM, Health Office, York.
LUPTON, W. C., J.P. (Mayor), c/o the Town Clerk, Bradford.
LUSH, WILLIAM V., M.D., 12 Frederick Place, Weymouth.
LUSON, OLIVER, M.D., Collingham House, Cromwell Road, S.W.
LYNDON, ARNOLD, M.D., Grayshott, near Haslemere, Surrey.
LYNDON, Mrs., Grayshott, near Haslemere, Surrey.
LYNHAM, Professor JOHN I., M.D., Glenorney, Galway, Ireland.
LYON, Bailie ALEXANDER, 52 Carden Place, Aberdeen.
LYON, B. A., the North London Hospital for Consumption, N.
LYON, JOHN D., 85, Asylum Road, Peckham, S.E.
LYON, THOMAS G., M.D., M.A, 1 Victoria Square, S.W.
LYS, H. GRAHAM, M.D., Southbrook, Poole Road, Bournemouth.

M.

MAAS, Dr. OTTO, Berlin.
MCAFEE, WILLIAM, M.D., Cooleen, West Kirby, Birkenhead.
MCALDOWIE, A. M., M.D., F.R.S.E., 6 Brook Street, Stoke-on-Trent.
MACALISTER, CHARLES J., M.D., 35 Rodney Street, Liverpool.
MACALISTER, J. Y. W., 20 Hanover Square, W.
MCCALL, Professor, F.R.C.V.S. (*S.V.P.*), 4 Whitehall Place, S.W.
MCCANDLISH, Councillor Dr. G., Woodhouse Lane, Leeds.
MACCARTHY, Councillor Dr., 124 Gower Street, W.C.
MCCARTHY, JUSTIN C., M.D., the Grove, St. George's, Wellington, Salop.
MACCAS, Dr. G. N., Athens, Greece.
MCCAW, JOHN, M.D., Dublin Road, Belfast.
MCCLEAN, Councillor, Glenroy, 110 Queen's Park Road, Brighton.
MCCLEARY, G. F., M.O.H., 3 Lansdowne Place, Brunswick Square, W.C.
MACLEOD, WILLIAM AITKEN, F.R.C.S., 9 Pembridge Villas, W. (rep. Parke, Davis & Co.).
MCCLURE, HENRY, M.D., 2 Gloucester Street, S.W. (*temporary*).
MACCORMAC, Sir WILLIAM, Bart., K.C.B., F.R.C.S., D.Sc. (*V.P.*), 13 Harley Street, W.

McDONNELL, W. CAMPBELL, 10 Park Lane, Stoke Newington, N.
McDOUGALL, JAMES, F.R.G.S., Tunolly, Blackheath, S.E.
McDOUGALL, Alderman, c/o the Town Clerk, Manchester.
McEACHRAN, Professor DUNCAN (*S.V.P.*), Office of the Chief Inspector of Stock, Montreal, Canada.
MACEWAN, PETER, 42 Cannon Street, E.C. (rep. Messrs. Morgan Bros.).
McFADYEAN, Professor J., M.B., B.Sc., M.R.C.V.S. (*S.V.P.*), Royal Veterinary College, Camden Town, N.W.
McGAHAN, Dr. C. F., Aiken, South Carolina, U.S.A.
McGILL, DAVID, M.R.C.V.S., 11 Upper Priory, Birmingham.
MACGREGOR, ALEXANDER, M.D., 8 Queen Street, Mayfair, W.
MACKENZIE, HECTOR, M.A., M.D. (Hon. Secretary of Section II.), 34 Upper Brook Street, W.
MACKENZIE, Mrs. HECTOR, 34 Upper Brook Street, W.
McKINNA, J., F.R.C.V.S., Ramsden Street, Huddersfield.
McKLVEEN, JOHN A., M.D., Chariton, Iowa, U.S.A.
MACLAY, Councillor J. P., 21 Bothwell Road, Glasgow.
MACLEOD, Colonel, A.M.D., Netley.
MACLEOD, JOHN J., M.D., 11, Harley Street, Cavendish Square, W.
McMANUS, L. S., M.D., 54 St. John's Hill, New Wandsworth, S.W.
McNAMARA, J., M.D., 7 Sinclair Road, Kensington, W.
MACNAUGHTEN-JONES, H., M.B., 131, Harley-street, W.
McPHEDRAN, Professor A., Toronto, Canada.
MACQUEEN, Professor J., F.R.C.V.S., 35 Bartholomew Road, N.W.
McVAIL, J. C., M.D., M.O.H., 24 George Square, Glasgow.
McWEENEY, Professor E. J., M.D. (Hon. Secretary of Section III.), 84 St. Stephen's Green, Dublin.
MAGGS, W. A., M.R.C.S., L.D S., 20 Hanover Square, W.
MAGUIRE, ROBERT, M.D., 4 Seymour Street, W.
MAKINS, G. S., F.R.C.S., 47 Charles Street, Berkeley Square, W.
MALAHER, ARTHUR, St. Thomas' Hospital, S.E.
MALCOLM, J. D., F.R.C.S.E., 13 Portman Street, W.
MALCOLM, JOHN, M.R.C.V.S., Holliday Street Wharf, Birmingham.
MALET, HENRY, M. D., 14 Waterloo Road, Wolverhampton.
MALIBRAN, Dr., 17 Rue Boissonade, Paris.
MALLINS, G. H., F.R.C.S., 47 Charles Street, Berkeley Square, W.
MALM, O., M.D., Director of the Veterinary Department of the Board of Agriculture, Christiana.
MALVOY, Dr. S., 15 Quai de l'Université, Liège, Belgium.
MAMY, H., 3 Rue de Lutèce, Paris.
MANKIEWICZ, Dr. med. GUSTAF, Posen, Germany.
MANLEY, T. H., M.A., M.B., D.P.H., New Street, West Bromwich.
MANNING, H. C., Laverstock House, Salisbury.
MANNING, L. S., Christchurch, New Zealand.
MANSON, PATRICK, M.D., F.R.S., C.M.G., 21 Queen Anne Street, W.
MAPPIN, Sir FREDERICK, Bart., Hornbury, Sheffield.
MARAGLIANO, Professor E., the University, Genoa.
MARIANI, Dr. (*V.P.*), Madrid, Spain.
MARMOREK, Dr., Institut Pasteur, Paris.
MARR, JOHN, Carnbrogie, Aberdeenshire.
MARSDEN, S. R., M.O.H., F.R.S.E., 64 Park Road South, Birkenhead.
MARSH, Mrs. ELLIOT, 3 Kensington Square Mansions, Kensington, W.
MARSH, HOWARD, F.R.C.S., 30 Bruton Street, W.
MARSHALL, Mrs. LEONARD, 38 Canonbury Park South, N.

MARTIN, Dr. A. J. (*V.P.*), 3 Rue Gay-Lussac, Paris.
MARTIN, E. W., M.D., the Chest Hospital, Victoria Park, E.
MARTIN, FREDERICK W., M.O.H., Well Holme, Brighouse, Yorkshire.
MARTIN, Dr. G. (*V.P.*), 81 Avenue Michel-Ange, Brussels.
MARTIN, Dr. G. D., Witham, Essex.
MARTIN, Dr. HENRY A., Westfield, Catherine Road, Surbiton.
MARTIN, Professor SIDNEY, F.R.S., M.D. (*S.V.P.*), 10 Chandos Street, Cavendish Square, W.
MARTINDALE, Miss L., M.B., B.Sc., Church House, Lancaster Road, Brighton.
MARTINEAU, JOHN, Park Corner, Heckfield, Winchfield.
MARTYN, Dr. REGINALD, St. Bernards, Exmouth.
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MASON, WRIGHT, D.P.H., M.O.H., the Town Hall, Hull.
MASSEY, Alderman J., The Scholes, St. Helens.
MASSEY, J. B., Health Department, Municipal Buildings, Burnley.
MASTERS, FRANCIS H., M.B., B.Sc., Queen Anne's Mansions, S.W.
MATHEISON, R. E., General Registrar's Office, Charlemont House, Dublin.
MATHESON, Miss C., 3 Portman Mansions, W.
MATHESON, FARQUHAR, Soho Square, W.
MAXWELL, Right Hon. Sir HERBERT, Bart., M.P. (*V.P.*), 49 Lennox Gardens, S.W.
MAXWELL, Lady, 49 Lennox Gardens, S.W.
MAXWELL, Lady, Withybush, Haverfordwest.
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MELANDRI, FILIPPO, 90 Great Russell Street, Bloomsbury, W.C.
MELLOR, Alderman, 8 Bolton Road, Elton, Bury, Lancashire.
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METTAM, Professor A. E., M.R.C.V.S., B.Sc. (*S.V.P.*), Pembroke Road, Dublin.
MEYER, Landesrath FRIEDRICH, 113 Kurfürstenstrasse, Berlin, N.
MEYER, Dr. J., Schlüterstrasse 25, Berlin, W.
MICHAÏLOVSKY, DIMITRY, 30 Rue Slavianska, Sofia, Bulgaria.
MICHELLI, P. (Secretary), Dreadnought Hospital, Greenwich, S.E.
MIDDEBURG, Dr. med., M.C.G., Amersfoort, Holland.
MIDDLETON, CHRISTOPHER, Cleveland, Yorkshire.
MIDDLETON, JOHN M., 31 Monton Street, Moss Lane East, Manchester.
MIDDLETON, Councillor W. J., Hollybank, Queen's Road, Aberdeen.
MIGNON, Dr. MAURICE, 41 Boulevard Victor Hugo, Nice.
MILLARD, C. KILLICK, M.D., D.Sc., M.O.H., c/o the Town Clerk, Leicester.
MILLER, Dr. F. MONTAGU, Northolme, Upper Clapton, N.E.
MILLIGAN, Councillor R. A., Billing Road, Northampton.
MILSON, GEORGE, M.O.H., Vestry Hall, Borough, S.E.
MITCHELL, Councillor, c/o the Town Clerk, Municipal Buildings, Greenock.
MITCHELL, ROBERT, M.D., The Wylde, Bury, Lancashire.
MITCHELL, Dr. S. WEIR (*V.P.*), 1524 Walnut Street, Philadelphia, U.S.A.
MITCHELL, Councillor WALTER H., 56 Crostons Road, Elton, Bury, Lancashire.

MOCATTA, F. D., 9 Connaught Place, W.
MOELLER, Dr. (*V.P.*), 1 Rue Montoyer, Brussels.
MOELLER, Dr. med. ALFRED (*V.P.*), Belzig, b/Berlin.
MOFFET, A. J., Dunlo Street, Ballinasloe, Ireland.
MOLINE, PAUL, M.B., 42 Walton Street, Pont Street, S.W.
MONKHOUSE, Miss MARY, 13 Globe Street, Wapping, E.
MONOD, HENRI, Perugia.
MONTAGU, Sir SAMUEL, Bart., M.P., 12 Kensington Palace Gardens, W.
MONTEFIORE, Lady CAROLINE, Sydney, New South Wales.
MONTEFIORE, Lieut.-Colonel E., 15 Buckingham Street, W.C.
MONTEFIORE, HERBERT B., 11 Queen Victoria Street, E.C.
MONTENEGRO, Dr. JOSÉ VERDES, Argensola 11, Madrid.
MONTGOMERY, J. B., 5 Clarence Place, Penzance.
MONTGOMERY, ROBERT J., 4 Gardener's Row, Rutland Square, Dublin.
MONTIZAMBERT, F., M.D., F.R.C.S., 123 Cooper Street, Ottawa, Canada.
MOODY, H. F., the Town Hall, Grimsby.
MOORE, Alderman, the Town Hall, South Shields.
MOORE, F. CRAVEN, M.D., 96 Moseley Street, Manchester.
MOORE, Dr. H. CECIL, 26 Broad Street, Hereford.
MOORE, J. L. IRWIN, M.B. (Assistant Secretary of Reception Committee), 30a Wimpole Street, W.
MOORE, Sir JOHN W., M.D. (*V.P.*) (*S.V.P.*), 40 Fitzwilliam Square West, Dublin.
MOORE, Lady, 40 Fitzwilliam Square West, Dublin.
MOORE, Dr. SAMSON G., Health Office, Ramsden Street, Huddersfield.
MOORHEAD, JOHN, M.D., M.A., 1 Royal Terrace, Weymouth.
DE MORAES, Dr. L., 50 Rue des Ecoles, Paris.
MOREL, PIERRE, Le Bureau du Conseil Municipal, Paris.
MORGAN BROS., Messrs., of the *Chemist and Druggist*, 42 Cannon Street, E.C. (rep. Dr. Gubb and Peter McEwan).
MORGAN, E., Royal National Hospital for Consumption, Ventnor.
MORGAN, Dr. H. MAJOR, c/o the Town Clerk, Lichfield.
MORGAN, JOHN HAMMOND, M.A., F.R.C.S., 68 Grosvenor Street, W.
MORGAN, SEPTIMUS VAUGHAN, 37 Harrington Gardens, S.W.
MORGAN, Alderman W. VAUGHAN, Christ's Hospital, E.C.
MORIEZ, Dr. R., 40 Rue Pastorelli, Nice.
MORIN, Dr. F., Sanatorium du Mont Blanc, Leysin, Switzerland.
MORISON, JOHN, M.D., Thirlstane, St. Albans, Hertfordshire.
MORITZ, Dr. S., the Hornbeam, Rusholme, Manchester.
MORITZ, Mrs., the Hornbeam, Rusholme, Manchester.
MORRIS, GRAHAM, M.D., Shotfield, Wallington, Surrey.
MORRIS, MALCOLM, F.R.C.S.E. (Honorary Secretary-General of the Congress), 8 Harley Street, W.
MORRIS, Mrs., 8 Harley Street, W.
MORRIS, Miss, 8 Harley Street, W.
MORTON, JOHN, M.B., Eastgate House, Guildford.
MORTON, W. J. (Secretary), North London Hospital for Consumption, Fitzroy Square, W.
MOSLEY, Sir OSWALD, Bart., Rollestone Hall, Burton-on-Trent.
MOSNY, Dr. ERNEST, 64 Rue de la Victoire, Paris.
MOSSOP, ISAAC, F.R.C.S., Victor Road, Manningham, Bradford.
MOTT, F. W., M.D., 25 Nottingham Place, W.
MOULLIN, J. A. MANSELL, M.A., M.B., 80 Porchester Terrace, W.
MOUNT EDGCUMBE, the Right Hon. the Earl of, G.C.V.O. (*V.P.*), 5 Victoria Square, S.W.

MOURIER, CHARLES, 3 Avenue Victoria, Paris.
MOXEY, Dr. VINCENT, 85 Carleton Road, N.
MUIR, Surgeon-General H. S., M.D., C.B. (*V.P.*), Army Medical Department, War Office, Pall Mall, S.W.
MUIR, Professor ROBERT, M.D., 4 Alfred Street, Hillhead, Glasgow.
MUIRHEAD, CHARLES, M.D., 30 Charlotte Square, Edinburgh.
MULLICK, SARAT K., M.D., 27 New Cavendish Street, W.
MULVEY, WILLIAM J., F.R.C.V.S., 67 Lower Sloane Street, S.W.
MUNRO, WILLIAM, 38 Lansdowne Road, Seven Kings, Ilford.
MUNRO, HECTOR, M.B., Fowles Cottage, Undercliffe Street, Bradford.
MURDOCK, Mrs. MARY, 102 Beverley Park, Hull.
MURISON, PATRICK, M.B., J.P., M.O.H., Burn Cottage, Golspie.
MURPHY, Judge ALFRED J., the Court, Detroit, Michigan, U.S.A.
MURPHY, SHIRLEY F., L.C.C., M.O.H. (*S.V.P.*), 22 Endsleigh Street, Tavistock Square, W.C.
MURRAY, DOUGLAS, 9 Stratton Street, Piccadilly, W.
MURRAY, Mrs. DOUGLAS, 9 Stratton Street, Piccadilly, W.
MURRAY, GEORGE R., M.D., 11 Ellison Place, Newcastle-upon-Tyne.
MURRAY, JAMES, Glenbwinnie Park, Aberdeen.
MURRAY, Colonel WYNDHAM, M.P., 10 Rutland Gate, S.W.
MURRAY, Mrs. WYNDHAM, 10 Rutland Gate, S.W.
MURRELL, WILLIAM, M.D., F.R.C.P., 17 Welbeck Street, W.
MUSKER, J., 23 Pembridge Square, W.
MUSSER, Dr. J. H. (*V.P.*), Philadelphia, U.S.A.
MUTCH, Alderman FORBES R., M.D., Guildhall, Nottingham.
MUTHU, Dr. C., Inglewood Sanatorium, St. Lawrence, Isle of Wight.
MYERS, THOMAS, 27 Sholebroke Avenue, Leeds.
MYLES, THOMAS, M.D., F.R.C.S.I. (*V.P.*), 33 Merrion Square North, Dublin.
MYLWAGANAN, H. B., L.M.S.Ceylon, London Hospital, E.

N.

NABARRO, DAVID N., M.B., B.Sc., 71 Grosvenor Road, Highbury, N.
NANNETTI, Miss MARY, Knochsualtach Sanatorium, Kirkmichael, Blairgowrie, N.B.
NANSON, TOM, 9 Stockwell Park Crescent, S.W.
NASH, J. T. C., M.D., D.P.H., Health Department, Clarence Road, Southend-on-Sea.
NASMYTH, THOMAS G., M.D., M.O.H., County Buildings, Cupar, Fife.
NATTAU-LARRIER, Dr. LOUIS, 3 Rue d'Artois, Paris.
NAUMANN, J. C. FRANCIS, M.D., 125 Gower Street, W.C.
NAYLOR, Councillor, Burton Road, Derby.
NEAGLE, D. T., 25 Whatley Road, Clifton, Bristol.
NECKE, Herr BANKIER OSCAR, Behrenstrasse 64, Berlin, W.
NEECH, JAMES THOMAS, D.P.H., M.O.H., c/o the Town Clerk, Halifax.
NESS, THOMAS M., M.A., M.B., Shamrock Lodge, 36 Mansion House Road, Edinburgh.
NETHERCLIFT, W. H., F.R.C.S., c/o the Town Clerk, Canterbury.
NEUBURGER, Dr. med. M., Gross Lichterfelde, bei Berlin.
NEUMANN, Dr. EDWARD, Sanatorium Schatzalp, Davos Platz, Switzerland.
NEVILLE, RICHARD B., The Bank, Penrith, Cumberland.

NEVINS, J. ERNEST, M.B., 32 Princes Avenue, Liverpool.
NEWLAND, HENRY S., M.B., Ch.B., F.R.C.S., London Hospital, Whitechapel, E.
NEWMAN, G., M.D., M.O.H., the Town Hall, Rosebery Avenue, E.C.
NEWMAN, THOMAS, Corlannan, Grove Park Road, Weston-super-Mare.
NEWSHOLME, ARTHUR, M.D., F.R.C.P., M.O.H. (Hon. Secretary of Section I.), 11 Gloucester Place, Brighton.
NEWSHOLME, G. W., 27 High Street, Sheffield.
NEWTON, Alderman H. W., 2 Ellison Place, Newcastle-upon-Tyne.
NICHOL, F. E., M.B., 11 Ethelbert Terrace, Margate.
NICHOLLS, Dr. GORDON F., the Parish Offices, Birmingham.
NICOLL, JOHN M., M.B., c/o the Town Clerk, Jarrow.
NICOLSON, DAVID, C.B., M.D., Ballownie, Guildford.
NIVEN, JAMES, M.B., M.A., M.O.H. (Hon. Secretary of Section I.), 3 Denison Road, Victoria Park, Manchester.
NIXON, Sir CHRISTOPHER, M.D. F.R.C.P.I. (*V.P.*), (*S.V.P.*), 2 Merrion Square, Dublin.
NOACH, Dr. OTTO G., 54 South 6th Street, Reading, Pennsylvania, U.S.A.
NOBLE, Sir ANDREW, K.C.B., Jesmond Dene House, Newcastle-upon-Tyne.
NOCARD, Professeur E. (*V.P.*), Ecole Vétérinaire, Alfort, France.
NOLEN, Dr. C., Uijnhaven 82, Rotterdam.
NOLEN, Professor W. (*V.P.*), Noordeinde 3, Leiden, Holland.
NORBURY, Sir HENRY F., R.N., M.D., K.C.B. (*V.P.*), Craven House, Northumberland Avenue, W.C.
NORTHAMPTON, the Marquess of, Castle Ashby, Northampton.
NORTHUMBERLAND, the Duke of, K.G. (*V.P.*), Albury Park, Guildford.
NORTON, FREDERICK C., 2 New Square, Lincoln's Inn, W.C.
NORWAY, Dr. N. E., Newquay, Cornwall.
NUNES, LUCIO, Rua do Commercio 17, La Guarda, Portugal.
NUNN, Lieut.-Colonel, C.I.E., D.S.O., F.R.C.V.S. (*S.V.P.*), the Army Veterinary Department, 66 Victoria Street, S.W.
NUNN, PHILIP W. G., M.O.H., the Town Hall, Bournemouth.
NUTT, FREDERICK W., 25 Nottingham Place, W.
NUTTALL, W. S., Broomfield Farm, Ainsworth.
NUTTER, Councillor, 23 Hulme Street, Burnley.

O.

OATES, THOMAS, 29 High Street, Wimbledon.
O'CONNOR, BERNARD, M.D., 22, Old Square, Lincoln's Inn, W.C.
O'CONNOR, J., 37 Galt Street, Limehouse, E.
O'CONNOR, J. E., M.D., D.P.H., M.O.H., c/o the Town Clerk, Lowestoft.
O'FLAHERTY, F. B., M.B., 48 Park Place, Liverpool.
O'FLAHERTY, RICHARD G., 1 Crosthwaite Place, Kingstown, Ireland.
OGIER, Professeur, 49 Rue de Bellechassa, Paris.
OLDFIELD, Dr. JOSIAH, M.A., M.D., 5 Harley Street, W.
OLIVER, Professor THOMAS, M.A., M.D., 7 Ellison Place, Newcastle-upon-Tyne.
OLLIVE, Dr. GUSTAVE, 9 Rue Lafayette, Nantes, France.
OMMANEY, Colonel E. L., C.S.I., 42 Kidbrook Park Road, Blackheath, S.E.
O'NEILL, Councillor H., M.D., 6 College Square East, Belfast.
ONODI, Dr. A. Buda-Pesth, Hungary.

OPPENHEIMER, SON & CO., Messrs., 179 Queen Victoria Street, E.C. (rep. by A. Wilson Hall).
ORMEROD, A. L., M.B., 8 Banbury Road, Oxford.
ORMSBY, L. HEPENSTAL, M.D., F.R.C.S.I., 92 Merrion Square, Dublin.
ORR, W. BASIL, M.D., 13 Braid Road, Edinburgh.
OSBORN, Dr. ARTHUR, The Chalet, Dover.
OSLER, Professor W. (*V.P.*), 1 West Franklin Street, Baltimore, U.S.A.
OSWALD, J. W. J., M.D., F.R.C.S.E., 245 Kennington Road, S.E.
OTIS, Dr. EDWARD, 308 Commonwealth Avenue, Boston, U.S.A.
OTTE, Dr. RICHARD, Leipzig, Germany.
OTTO, ERNEST, M.D., Teneriffe.
OUSTON, THOMAS G., F.R.C.S., 25 Eldon Square, Newcastle-upon-Tyne.
OWEN, E. P., M.R.C.V.S., 98 High Street, Thame.
OWEN, ISAMBARD, M.D., M.A., 40 Curzon Street, Mayfair, W.
OWEN, S. HOLGATE, M.D., Whalley Range, Manchester.
OXLEY, Councillor OLIVER, c/o the Town Clerk, Huddersfield.

P.

PACE, Miss HELEN, Westmoreland Sanatorium for Consumption, Grange-over-Sands.
PADLEY, G., Infirmary for Consumption, 26 Margaret Street, Cavendish Square, W.
PAGE, HERBERT W., M.B., F.R.C.S., 146 Harley Street, W.
PAGET, C. E., M.O.H., County Hall, Northampton.
PAGET-TOMLINSON, W. S. (*S.V.P.*), The Biggins, Kirby Lonsdale, Lancashire.
PAIN, Miss, M.B., East Anglian Sanatorium, Broomfield, Nayland.
PAKES, Dr. WALTER C. C., 14 Trinity Square, S.E.
PALMER, FREDERICK S., M.D., 7 Gordon Place, W.C.
PALMER, G. W., M.P., 36 Queen Anne's Gate, S.W.
PANNWITZ, Oberstabsarzt, 2 Wilhelm Platz, Berlin, W.
PANNWITZ, Frau, 2 Wilhelm Platz, Berlin, W.
PAPILLON, Dr. G. ERNEST, 142 Rue de Rivoli, Paris.
PARKE, DAVIS & CO., 111 Queen Victoria Street, E.C. (rep. by Dr. Heard, Dr. Kahle, Dr. Lord, Dr. Macleod, Dr. Means, Dr. Wilcocks).
PARKER, Hon. CECIL T., Eccleston, Cheshire.
PARKER, THOMAS, M.R.C.V.S., 3 Graingerville North, Newcastle-upon-Tyne.
PARKER, WILLIAM RUSHTON, M.D., Stricklandgate, Kendal.
PARKES, Alderman, Bank House, Bury, Lancashire.
PARKES, LOUIS, M.D., 61 Cadogan Square, S.W.
PARKHILL, SAMUEL J., M.D., Church Gresley, Burton-on-Trent.
PARR, Rev. E. G. C., 1 Bolton Gardens, S.W.
PARR, Alderman, River Lodge, Barton-upon-Irwell.
PARSONS, ALFRED R., 27 Lower Fitzwilliam Street, Dublin.
PARSONS, RICHARD H., M.D., Mount Holly, New Jersey, U.S.A.
PASSMORE, E. S., M.D., Banstead Downs, Sutton, Surrey.
PASTEUR, WILLIAM, M.D., F.R.C.P., 4 Chandos Street, W.
PATERSON, W. B., F.R.C.S., 40 Leicester Square, W.C.
PATTIN, H. COOPER, M.D., M.A., M.O.H., Municipal Buildings, Norwich.
PAVLOWSKAYA, Dr. RAISSA, Ligouskaya 39, St. Petersburg.
PAVY, F. W., M.D., LL.D., F.R.S. (*V.P.*), 35, Grosvenor Street, Grosvenor Square, W.

PAYNE, WILLIAM, 80 St. Andrew Street, Liverpool.
PEACE, the Hon. Sir WALTER, K.C.M.G. (*V.P.*), Natal.
PEACEY, WILLIAM, M.D., Rydal Mount, Meads, Eastbourne.
PEARSON, CHARLES E., 21 Glencoe Road, Park, Sheffield.
PEARSON, T., 29 Dover Road, Folkestone.
PEART-THOMAS, W., M.D., 59 St. George's Square, S.W.
PEASE, Alderman, c/o W. Haddock, Esq., Pontefract.
PEDDIE, JAMES, F.R.C.V.S., 125 Nethergate, Dundee.
PEDEN, Councillor, 26 Kingsnorth Gardens, Folkestone.
PEDROSA, Dr. JONATHOAS, Boulevard St. Michel 31, Paris.
PEET, J. O., B.Sc., 44 Milman Road, Reading.
PEIRCE, CHARLES, F.R.C.V.S., 1 Amberley Wharf, Paddington, W.
PEL, Professor P. K. (*V.P.*), Heerengracht 52, Amsterdam, Holland.
PENBERTHY, JOHN, F.R.C.V.S., Royal Veterinary College, Camden Town, N.W.
PENGELLY, Miss HESTER, c/o Rev. Professor Harley, 15 Westbourne Grove, Forest Hill, Kent.
PENHALE, R. E. L., M.R.C.V.S., Torrington, Devon.
PENHALE, W., F.R.C.V.S., Barnstaple.
PENN, Councillor, 51 High Street, Tunbridge Wells.
PENTLAND, ALEXANDER, M.A., M.D., New South Wales, Australia.
PENTLAND, Mrs. NANCY, Royal Hospital, Chelsea, S.W.
PERKINS, J. J., M.A., M.B. (Hon. Secretary of Section III.), 41 Wimpole Street, Cavendish Square, W.
PERNELL, E. W. (Lord Mayor) (*V.P.*), Mansion House, York.
PERNET, Dr. GEORGE, 77 Upper Gloucester Place, Baker Street, N.W.
PERRYMAN, WALTER, M.R.C.V.S., 139 Fentiman Road, South Lambeth Road, S.E.
PESKETT, A. F., M.O.H., 15 The Ropewalk, Nottingham.
PETERS, AUSTIN, Commonwealth Buildings, Boston.
PETRI, Geheimrath, Görbersdorf, Germany.
PETRI, Frau Geheimrath, Görbersdorf, Germany.
PFARRIUS, Dr. GUSTAV, Kurfürstendamm 260, Berlin.
PHEAR, A. G., M.D., 47 Weymouth Street, W.
PHILIP, R. W., M.A., M.D. (Hon. Secretary of Section II.), 45 Charlotte Square, Edinburgh.
PHILIPSON, Sir G. HARE, M.D., D.C.L., F.R.C.P., 7 Eldon Square, Newcastle.
PHILLIPS, CHARLES D. F., M.D., F.R.C.S.E., 10 Henrietta Street, Cavendish Square, W.
PHILLIPS, Councillor Dr., J.P., 3 Wood Street, Bath.
PHILLIPS, Councillor WILLIAM, 10 Hardman Street, Liverpool.
PHILLIPS-CONN, H. H. D., Earlham, Kendrick Road, Reading.
PIDCOCK, G. DOUGLAS, 74 Fitzjohn's Avenue, Hampstead, N.W.
PIGGOTT, T. CECIL H., M.D., 13 Orchard Street, Teignmouth.
PIKE, THELWELL, M.D., St. Cuthbert's, Montpellier Road, Ealing, W.
PILE, Sir THOMAS, Bart., Lord Mayor, Dublin.
PILKINGTON, Alderman RICHARD, M.P., J.P., Rainford Hall, Rainford, St. Helens.
PILLEY, JOHN J., 167 Camberwell Road, S.E.
PINK, Sir WILLIAM, Portsmouth.
PIPER, Dr. H. C. F., 14 Montagu Place, W.
PITT, G. NEWTON, M.A., M.D., 15 Portland Place, W.
PITTAR, Mrs. A., 41 Evelyn Gardens, S.W.
PLIMMER, W. J., 28 St. John's Wood Road, N.W.
PLUMMER, W. R., M.P., Queen's Square, Newcastle-upon-Tyne.
POLLARD, JAMES, J.P. (*since deceased*), 17 Duke Street, Edinburgh.

POLLARD, Dr. JOSEPH, 51 Queen Anne Street, W.
POLLARD, Mrs., 51 Queen Anne Street, W.
POLLOCK, J. E., M.D. (*S.V.P.*), 37 Collingham Place, S.W.
POOL, EDWARD E., 91 Central Meat Markets, E.C.
POOLE, CHARLES A., 137 West Ferry Road, Millwall, E.
POORE, G. Vivian, M.D., 24A Portland Place, W.
POPE, FRANK M., M.B., Prebend Street, Leicester.
PORTAL, Sir W. S., J.P., Melshanger, Basingstoke.
PORTER, CHARLES, M.D., D.P.H., M.O.H., c/o Fred. Scott, Esq., 33 Brazenose Street, Manchester.
PORTLAND, the Rt. Hon. the Duke of, K.G. (*V.P.*), Welbeck Abbey, Worksop, Nottinghamshire.
POTTIE, A., M.R.C.V.S., 63 Love Street, Paisley.
POUND, JOHN, the London Tavern Property Co., Ltd., Fenchurch Street, E.C.
POWELL, Sir R. DOUGLAS, Bart., K.C.V.O., M.D. (President of Section II.), 62 Wimpole Street, W.
POWELL, Lady, 62 Wimpole Street, W.
POWER, WILLIAM H., F.R.S. (*S.V.P.*), Medical Officer of the Local Government Board of England and Wales.
PRAEGER, OWEN M., M.B., Forster Green Sanatorium, Belfast.
PRATT, ELDON, M.D., 36 Windsor Place, Cardiff.
PRATT, E. H., M.R.C.V.S., Northallerton, Yorks.
PRATT, R., M.D., De Montfort House, Leicester.
PRICHARD, GEORGE, the Town Clerk's Office, Lambeth, S.E.
PRICHARD, R., M.D., 14 Windsor Place, Cardiff.
PRIESTLEY, Lady, Westbrook Hall, Horsham, Sussex.
PRIESTLEY, Miss, Westbrook Hall, Horsham, Sussex.
PRIESTLEY, JOSEPH, M.D., D.P.H., M.O.H., the Town Clerk's Office, Lambeth, S.E.
PRIESTLEY, R. C., M.A., M.B., 81 Linden Gardens, W.
PRINCE, JAMES, Penyllan, Connah's Quay, Flint.
PRINGLE, J. J., M.B., 23 Lower Seymour Street, Portman Square, W.
PRINTZSKÖLD, Hofmarshal, Stockholm, Sweden.
PROUST, Professeur, 45 Rue de Courcelles, Paris.
PRUDDEN, T. M., M.D. (*V.P.*), 160 West 59th Street, New York, U.S.A.
PRUDENTIAL ASSURANCE COMPANY, LIMITED, Holborn Bars, E.C.
PRUEN, SEPTIMUS J., M.D., Sherborne Lodge, Cheltenham.
PUGH, DAVID, Pennard House, Sevenoaks.
PUREFOY, A. DANCER, M.D., Rotunda Hospital, Dublin.
PUREFOY, R. DANCER, Rotunda Hospital, Dublin.
PURVES, Dr. W. LAIDLAW, 20 Stratford Place, W. (rep. of Girdlers' Company).
PYE-SMITH, P. H., M.D., F.R.S., 48 Brook Street, W.

Q.

QUARRIER, WILLIAM, Consumption Sanatoria, Bridge of Weir.

R.

RABINOWITSCH, Dr. LYDIA, Kgl. Institut für Infectionskrankheiten, N. 39 Berlin.
RADOVICI, Dr. J. G. (*V.P.*), Bucharest, Roumania.
DE RAISZ, Dr. G., Buda-Pesth, Hungary.
RAMSAY, JAMES, M.A., M.D., 23 High Petergate, York.
RAMSDEN, Councillor WILLIAM, c/o the Town Clerk, Liverpool.
RAMSEY, Councillor, c/o the Town Clerk, Jarrow,
RAMSEY, Mrs., c/o the Town Clerk, Jarrow.
RANDALL, J. GURNEY, High Street, Highgate, N.
RANKIN, GUTHRIE, M.D., 4 Chesham Street, S.W.
RANSOM, Monsieur, Le Bureau du Conseil Municipal, Paris.
RANSOM, W. B., M.A., M.D., B.Sc., The Pavement, Nottingham.
RANSOME, ARTHUR, F.R.S., M.A., M.D. (*S.V.P.*), Sunnyhurst, Dean Park, Bournemouth.
RANSOME, A. SIDNEY, M.B., D.P.H., Tyddesley, Palmer's Green, N.
RANSOME, Dr. H. F., Altrincham, Manchester.
RASHLEIGH, JOHN, M.A., B.C., 57 Evelyn Gardens, South Kensington, S.W.
RATCLIFFE, Councillor GEORGE, Cemetery Road, Beeston Hill, Leeds.
RATIBOR, DER HERZOG VON, Randen, Germany.
RAVENE, Dr. LOUIS, Wallstrasse, 5-8, Berlin.
RAVENEL, MAZŸCK P., M.D., 3608 Pine Street, Philadelphia, U.S.A.
RAW, NATHAN, M.D., F.R.C.S.E., Mill Road Infirmary, Liverpool.
RAWNSLEY, Canon, Crosthwaite Vicarage, Keswick.
RAYSON, S., 32 Sackville Street, W.
READ, MABYN, M.D., M.O.H., D.P.H., Foregate Street, Worcester.
REAY, Lord, G.C.S.I. (*V.P.*), 6 Great Stanhope Street, W.
REDARD, Dr., 42 Rue de Chateaudun, Paris.
RECKITT, Sir JAMES, Bart., J.P., Swanland Manor, Brough, R.S.O., Yorkshire.
REDMAN, Alderman F., 148 Borough High Street, S.E.
REED, A. W., 37 Cursitor Street, Chancery Lane, W.C.
REEVES, the Hon. W. P. (*V.P.*), 13 Victoria Street, W.
REICHE, Dr. med., Landes Versicherungsanstalt, Hamburg.
REICHEL, HENRY R., M.A., University College, Bangor.
REID, GEORGE, M.D., D.P.H., M.O.H., Broc Hill, Stafford.
REID, Mrs., Broc Hill, Stafford.
REID, Sir JAMES, Bart., K.C.V.O., M.D., 62 Wimpole Street, W.
REID, ST. GEORGE, M.R.C.V.S., Brigstock House, Thornton Heath.
REID, WILLIAM F., Avenue, Central Markets, E.C.
RENAUD, FRANK, M.D., 18 Barton Arcade, Manchester.
RENDU, AMBROISE, Le Bureau du Conseil Municipal, Paris.
RENNIE, JAMES, Milton of Fintray, Fintray, Aberdeenshire.
RENSHAW, Dr. CHARLES A. KNOWLES, Netherby, Washway Road, Sale.
RENWICK, GEORGE, M.P., House of Commons.
DE RENZI, Sua Eccellenza Senator (*V.P.*), Rome.
REYNOLDS, ARTHUR R., M.D., City Hall, Chicago, U.S.A.
DE REZENDE, Dr. VIRGILIO, 6 Rue Toullier, Paris.
RIBARD, Dr. E., 24 Avenue d'Eyland, Paris.
RIBBING, Professor SEVED, Lund, Sweden.
RICHARDS, Dr. GEORGE L., 84 North Main Street, Fall River, Massachusetts, U.S.A.
RICHARDS, H. MEREDITH, M.D., M.O.H., Croydon.

RICHMOND, H. DROOP, F.I.C., 31 St. Petersburg Place, Bayswater, W. (rep. of the Aylesbury Dairy Company).
RICHMOND, R., M.D., Brookfield, Woodside, Wimbledon, S.W.
RICHOU, Dr. L., 3 Rue de Bondeville, Nancy, France.
RIDDETT, G. L., National Sanatorium for Consumption, Bournemouth.
RIDDICK, JOHN, M.R.C.V.S., 19 Upper Gilmore Place, Edinburgh.
RISCH, W., Leipzig.
RIST, Dr. EDOUARD, Paris.
RITCHIE, ROBERT P., M.D., 1 Melville Crescent, Edinburgh.
RIVIÈRE, Dr. ALEXANDER J., 25 Rue des Mathurins, Paris.
ROBERT, Señor Dr. Don BARTHOLOMÉ, Barcelona, Spain.
ROBERTS & CO., Messrs., 76 New Bond Street, W.
ROBERTS, FREDERICK T., M.D., 102 Harley Street, W.
ROBERTS, Judge HOWLAND.
ROBERTS, JOHN, M.D., 8 Abbey Square, Chester.
ROBERTS, THOMAS, 15 Ullet Road, Sefton Park, Liverpool.
ROBERTSON, JOHN, M.D., M.O.H., c/o the Town Clerk, Sheffield.
ROBERTSON, ROBERT, St. Catherine's House, Ventnor.
ROBIN, Dr. ALBERT, 13 Boulevard de Courcelles, Paris.
ROBINSON, EDMUND, M.D., The Haven, Frensham, Faversham.
ROBINSON, Professor FRANKLIN C., Brunswick, State of Maine, U.S.A.
ROBINSON, Councillor HENRY, M.B., 161 Beverley Road, Hull.
ROBINSON, LEONARD N., 1 Rue d'Aguesseau, Faubourg S. Honoré, Paris.
ROBINSON, M. K., M.D., c/o the Town Clerk, Dover.
ROBINSON, THOMAS, M.D., M.O.H., 33 Bowling Green, Leicester.
ROBINSON, WILLIAM, M.D., John Street, Sunderland.
ROBINSON, W. F., Aldridge House, Aldridge Road, Perry Bar, Birmingham.
ROBSON, FREDERICK, M.D., Maid's Morton, Buckingham.
ROCHE, Dr. ANTONY, 60 Lower Baggot Street, Dublin.
ROCK, MONTAGUE M., Sunnyside, Chislehurst, Kent.
RODDICK, Professor, M.D. (*S.V.P.*), Montreal, Canada.
ROE, J. W., M.D., Ellesmere, Shropshire.
ROGERS, J. W., 128 Wickersley Road, Lavender Hill, S.W.
ROGIVUE, Dr., 8 Avenue du Théâtre, Lausanne.
ROMAN, Dr. ALPHONSE, Motzstrasse 22, Berlin.
RÖMISCH, Dr. med., Arosa, Switzerland.
RONALDSON, THOMAS R., J.P., 8 Charlotte Square, Edinburgh.
ROSCOE, Sir HENRY, F.R.S., 10 Bramham Gardens, S.W.
ROSE, DAVID, Willesley House, Handsworth, Birmingham.
ROSEBERY, the Right Hon. the Earl of, 38 Berkeley Square, W.
ROSENSTEIN, Professor (*V.P.*), Stationsweg 37, Leiden, Holland.
ROSENTHAL, Dr. ISRAEL (Oberlage ved Kommune-Hospitalet), Copenhagen.
ROSENTHAL, Dr. ROBERT, Lutherstrasse 14a, Berlin.
ROSS, ANDREW (Junior), 5 Caroline Place, Aberdeen.
ROSS, F. W. FORBES, M.D., 15 Gower Street, W.C.
ROSS, WILLIAM, Glasgow.
ROTHE, Medicinalrath C. G., Altenburg-in-Sachsen, Germany.
ROTHE, Frau Medicinalrath, Altenburg-in-Sachsen, Berlin.
ROTHSCHILD & SONS, Messrs., New Court, St. Swithin's Lane, E.C.
ROUSSEAU, Dr. C. K., 5 Chemin Krieg, Geneva, Switzerland.
ROWE, Mrs. JOPLING, Queen Anne's Mansions, S.W.
RUATA, Professor CHARLES, Perugia, Italy.
RUBE, C., 120 Bishopsgate Street Within, E.C.
RUBE, Mrs., 120 Bishopsgate Street Within, E.C.

RUBIE, Alderman J., 3 Wood Street, Bath.
RUHRÄH, Dr. JOHN, the College of Physicians and Surgeons, Baltimore, U.S.A.
RUNDLE, Lieut.-Colonel, I.M.S., Burmah.
RUSHFORTH, Dr. J., 21 Florence Road, Ealing, W.
RUSSELL, CHARLES HENRY, M.D., c/o the Town Clerk, Town Hall, Great Yarmouth.
RUSSELL, Major A. R. P., I.M.S., Burmah.
RUSSELL, JAMES B., LL.D., M.D. (*S.V.P.*), Local Government Board of Scotland, 49 Braid Road, Edinburgh.
RUSSELL, J. DILL, M.B., F.R.C.S., Osman House, Fortis Green, N.
RUSSELL, the Hon. ROLLO, Dounrozel, Haslemere, Surrey.
RUTHERFORD, Councillor, c/o the Town Clerk, Jarrow.
RUTTER, Alderman JOHN, c/o the Town Clerk, Bolton.
RYDER, H. T. D., City of London Hospital for Diseases of the Chest, Victoria Park, E.
RYGATE, BROUGHAM, M.B., 126 Cannon Street Road, E.
RYGATE, JOHN, M.B., 126 Cannon Street Road, E.
RYLEY, JAMES, M.D., c/o the Town Clerk, Great Yarmouth.
RYMER, Alderman SAMUEL, J.P., the Town Hall, Croydon.
VAN RYN, Dr. (*V.P.*), 11 Rue Joseph II., Brussels, Belgium.

S.

SABRAN, Dr. (*V.P.*), 56 Passage de l'Hôtel Dieu, Lyons, France.
SALIVAS, Dr. ALBERT, 107 Rue St. Lazare, Paris.
SALTERS, THE COMPANY OF, Salters' Hall, St. Swithin's Lane, E.C.
SAMBON, LOUIS, 37 Portland Road, Holland Park, W.
SAMMAN, Capt. CHARLES, R.A.M.C., 11 Nightingale Place, Woolwich.
SAMSON, F. G., M.R.C.V.S., Montrose, Mitcham, Surrey.
SAMWAYS, D. W., Ramleh, Crouch End, N.
SANDERS, CHARLES, M.D., F.R.C.S., M.O.H., 29 Windsor Road, Forest Gate, E.
SANDERS, GORDON, M.D., Villa Nina, Cannes, France.
SANDWITH, F. M., M.D., Cairo, Egypt.
SASSOON & CO., Messrs. DAVID, 12 Leadenhall Street, E.C.
SATO, Dr. Y. (Government Veterinary Surgeon), Osaka, Fucho, Japan.
SAUGMAN, Dr. CHR., Vejlfjord, Denmark.
SAUNDERS, E. ARTHUR, M.A., M.B., 49 Harley Street, W.
SAVAGE, GEORGE H., M.D., 3 Henrietta Street, Cavendish Square, W
SAVAGE, THOMAS, M.D., The Urds, Knowle, Warwickshire.
SAVORY & MOORE, Messrs., 143 New Bond Street, W.
SAYER, Councillor W. R., 24 Musgrave Crescent, Fulham, S.W.
SCATLIFFE, A. W., D.P.H., M.O.H., Clifton Terrace, Margate.
SCHACHT, F. F., M.D., 153 Cromwell Road, S.W.
SCHEUERMANN, Dr. LEOPOLD, 211 Potsdammer Strasse, Berlin.
SCHLOESSING, Dr. J., Grabowsee, Oranienburg, Germany.
SCHLOSS, DAVID F., Hill House, Wimbledon Hill, S.W.
SCHNÖLLER, Dr. ANTON, Haus Valaer, Davos Platz.
SCHOFIELD, Councillor, c/o the Town Clerk, Pontefract.
SCHÖNFELD, Fräulein, Lützowstrasse 54, Berlin.
SCHOOLER, LEWIS, M.D., LL.D., Des Miones, Iowa, U.S.A.
SCHRÖTTER, Professor (*V.P.*), 3 Mariannengasse, Vienna.

SCHUDT, Dr., Vogelsang, bei Magdeburg, Germany.
SCHÜLER, Dr. med. HERMANN, Händelstrasse 3, Berlin.
SCHÜTZ, Professor Geheimrat, Luisenstrasse 56, Berlin.
SCOTT, Dr. A. CARROL, bei Carl Stangen, Reise Bureau, Berlin.
SCOTT, JAMES C., 7 Thomas Street, N. Southwick, Sunderland.
SCOTT, Dr. WILLIAM, Hurstpierpoint, Hassocks, Sussex.
SCRIVEN, Brigade-Surgeon J. B., 95 Oxford Gardens, West Kensington, W.
SCURFIELD, HAROLD, M.D., M.O.H., 9 Rectory Terrace, Sunderland.
SEALY, GEORGE T., M.D., Oak Hill, Weybridge.
SEATON, EDWARD, M.D., M.O.H., 56 North Side, Clapham Common, S.W.
SECRETAN, Dr. (*V.P.*), Avenue Sainte Luce, Lausanne, Switzerland.
SELL, G. (the Town Clerk), Luton.
SEMON, Sir FELIX, M.D., F.R.C.P. (*V.P.*), 39 Wimpole Street, W.
SEMON, Lady, 39 Wimpole Street, W.
SEMON, HERBERT, 39 Wimpole Street, W.
SEMON, HENRY C. G., 39 Wimpole Street, W.
SEPHTON, Dr. ROBERT, Manor House, Atherton, Manchester.
SEQUIRA, JAMES H., M.D., F.R.C.S., 13 Welbeck Street, W.
SERGEANT, Dr. EDWARD, County Offices, Preston, Lancashire.
SERSIRON, Dr. GILBERT, La Bourboule, Puy de Dôme, France.
SESSIONS, HAROLD, F.R.C.V.S., Goldsmid Road, Hove, Sussex.
SETTLE, JOHN, M.O.H., 21 Storey Square, Barrow.
SEVERI, Dr. RAPHAELE, Arezzo, Italy.
SEVESTRE, ROBERT, M.D., 119 London Road, Leicester.
SEWELL, E., M.R.C.V.S., 113 Ebury Street, S.W.
SHARKEY, SEYMOUR J., M.A., M.D., 22 Harley Street, W.
SHARMAN, MARK, M.D., D.P.H., The Old House, Rickmansworth.
SHATTOCK, S. J., St. Thomas's Medical School, Albert Embankment, S.W.
SHATTUCK, Dr. F. C. (*V.P.*), 135 Marlborough Street, Boston, U.S.A.
SHATTUCK, Dr. C. B. (*V.P.*), 183 Beacon Street, Boston, U.S.A.
SHAW, A. A., Forster Green Hospital for Consumption, Forbreda, Belfast.
SHAW, LAURISTON, M.D., 64 Harley Street, W.
SHAW, Alderman R. M., J.P., c/o the Town Clerk, Huddersfield.
SHAW, W. F., 443 Liverpool Road, W.
SHAWFIELD, A., 77A Lord Street, Liverpool.
SHELLY, CHARLES E., M.D., Hertford, Hertfordshire.
SHELMERDINE, Councillor, c/o the Town Clerk, Liverpool.
SHERBORNE, Lord, 9 St. James's Square, S.W.
SHIPLEY, WILLIAM, F.R.C.V.S., Great Yarmouth.
SHKLOVSKY, I. VLADEMIR, M.A., Wiedomoski, Moscow, Russia.
SHORT, Alderman E., Urpeth Lodge, Pitt Hill, R.S.O., Durham.
SHORT, PETER, B.Sc., 19 Manchester Road, Southport.
SHOVE, Miss, M.B., General Post Office, E.C.
SHRADER, J. C., M.D., Iowa City, Iowa, U.S.A.
SHUTTLEWORTH, G. E., M.D., Ancaster House, Richmond Hill, Surrey.
SILCOCK, T. B. (Mayor), 3 Wood Street, Bath.
SIMMONS, Mrs. HENRY, 29 Russell Square, W.C.
SIMON, Sir JOHN, K.C.B., 40 Kensington Square, W.
SIMONETTA, Professor LUIGI, Sienna, Italy.
SIMPSON, G. A. CAREY, M.O.H., Bardon House, East Acton, W.
SIMPSON, JAMES F., F.R.C.V.S., J.P. (*S.V.P.*), Maidenhead, Berkshire.
SIMPSON, J., M.D., 70 Pakenham Place, Belfast.
SIMS, F. MANLEY, F.R.C.S., 12 Hertford Street, Mayfair, W.
SINCLAIR, HOWARD, M.D., Rostrevor Sanatorium, Ireland.

SINGLETON, H. M., M.R.C.V.S., 6 Florence Terrace, Ealing, W.
SIORDET, Dr., Villa Cabrolles, Mentone, France.
SKERRIT, E. MARKHAM, M.D., Edgecumbe House, Richmond Hill, Clifton.
SKINNER, D. S., M.D., 93 Dyne Road, Kilburn, N.W.
SKINNER, E. W., M.D., Bank House, Rye, Sussex.
SLADEN, E. SYDNEY, M.D., Paradise Cottage, Newnham, Cambridge.
SLATER, CHARLES, M.B., One Oak, Molyneux Park, Tunbridge Wells.
SLOAN, ARCHIBALD, M.B., 21 Elmbank Street, Glasgow.
SLOCOCK, SYDNEY H., F.R.C.V.S., Hounslow.
SMALE, HERBERT, 12 Castellan Road, Maida Vale, W.
SMART, W. W. (Inspector of Board of Agriculture), Chelsworth Cottage, Welling.
SMEETH, HENRY H., M.D., 126 Wellington Road North, Stockport.
SMILEY, HUGH H., Gallowhill, Paisley, N.B.
SMITH, Councillor Dr. ALEXANDER, Cormont House, Knatchbull Road, S.E.
SMITH, ANDREW S., M.A., M.B., Nordrach-upon-Mendip, Blagdon, R.S.O., Somerset.
SMITH, Dr. CALDWELL, M.O.H., Dryburgh House, Putney, S.W.
SMITH, E. CLOËTE, 1 Westbourne Street, Hyde Park, W.
SMITH, EDMUND M., M.D., D.P.H., M.O.H., c/o the Town Clerk, York.
SMITH, J. LORRAINE, M.D., Queen's College, Belfast.
SMITH, J. OSBORN, 7 Old Queen Street, Westminster, S.W.
SMITH, J. T., Mountsorrel Mill, Loughborough.
SMITH, JOSEPH D. F. H., Bath Road, Bedford Park, Chiswick, W.
SMITH, NOBLE, F.R.C.S., 24 Queen Anne Street, Cavendish Square, W.
SMITH, P. GORDON, F.R.I.B.A., 178 Holland Road, Kensington, W.
SMITH, Councillor PHILIP, c/o the Town Clerk, Bradford.
SMITH, R. ELSEY (of Messrs. Rodger Smith & Son), 130 Temple Chambers, Whitefriars, E.C.
SMITH, R. SHINGLETON, M.D., Deepholme, Clifton Park, Clifton, Bristol.
SMITH, RICHARD T., M.D., 53 Harley Street, W.
SMITH, S., M.R.C.V.S., Lowestoft.
SMITH, STANLEY, M.D., 68 Wimpole Street, Cavendish Square, W.
SMITH, T. A. DORRIEN, Tresco Abbey, Isles of Scilly.
SMITH, Alderman T. H., Houldsworth Lodge, Whitegate Lane, Blackpool.
SMITH, T. RODGER (of Messrs. Rodger Smith & Son), 130 Temple Chambers, Whitefriars, E.C.
SMITH, Alderman W., M.D., c/o the Town Clerk, Manchester.
SMITH, Alderman WALTER, M.D., 60 Regent's Park Road, N.W.
SMITH, Professor WALTER, M.D., 25 Merrion Square North, Dublin.
SMITH, WILLIAM, 23 Grey Street, Aberdeen.
SMITH, the Hon. W. F. D., M.P., 3 Grosvenor Place, S.W.
SMITH, Councillor W. Robert, M.D., c/o the Town Clerk, Holborn.
SMYTH, G. W., St. Anne's School, Chester Road, N.
SNAPE, ERNEST A., M.D., 39 Welbeck Street, Cavendish Square, W.
SNELL, ERNEST H., M.D., 10a Hay Lane, Coventry.
SNOW, WILLIAM V., M.D., Bournemouth.
SNOWMAN, Dr. J., 35 Aberdare Gardens, W. Hampstead, N.W.
SOLLY, Dr. E. S. (*V.P.*), 2 North Cascade Avenue, Colorado Springs, Colorado, U.S.A.
SOMERS, F., M.R.C.V.S., 4 Wade Lane, Leeds.
SOMERVILLE, A. F., Dinden House, Wells.
SPENCE, J. B., M.D., County Asylum, Burntwood, near Litchfield.
SPENCER, Right Hon. the Earl of (*V.P.*), 27 St. James's Place, S.W.
SPETTIGUE, WILLIAM, 71 Ashbourne Road, Derby.

SPEYER, EDGAR, 7 Lothbury, E.C.
SPICER, SCANES, M.D., 28 Welbeck Street, W.
SPILLMANN, Professor LOUIS, 40 Rue des Carmes, Nancy, France.
SPILLMANN, Professor PAUL, 40 Rue des Carmes, Nancy, France.
SPITTLE, Councillor W. G., 56 West Ham Lane, Stratford, E.
SPOTTISWOODE & CO., LIMITED, Messrs., 5 New Street Square, E.C.
SPREULL, ANDREW, F.R.C.V.S., Zeaman Shore, Dundee.
SPRING, Rev. E. H., Ribstone Hall, Gloucester.
SPRINGTHORPE, Dr. J. W. (*S.V.P.*), Collins Street, Melbourne, Victoria.
SPURGEON, Alderman, Wayneflete, Radnor Park Avenue, Folkestone.
SPURRELL, C., F.R.C.S., Devons Road, Bromley, E.
SQUAIR, Bailie FRANCIS, York House, Inverness.
SQUIRE, J. EDWARD, M.D., D.P.H., 5 Harley Street, W.
SQUIRE, PETER, 413 Oxford Street, W.
STAFFORD, T. J., F.R.C.S. (*S.V.P.*), (Medical Commissioner of the Local Government Board), Dublin.
STAFFORD, Alderman J. E. (Mayor), 2 Crown Street, Brighton.
STAINTON, W. ANTHONY, F.R.C.V.S., Cymros, Little Park, Enfield, N.
STAMFORD, WILLIAM, M.O.H., Collingwood House, Tunbridge Wells.
STANGE, ERNST, Friedrichstrasse 72, Berlin.
STANLEY, ARTHUR, M.D., Health Offices, Shanghai, China.
STAPLETON, ALFRED, The Brooklands, Stoke Newington, N.W.
STARTIN, Dr. JAMES, 15 Harley Street, W.
STATHAM, Dr. R. WHITESIDE, The Hall, Cheddar, Somerset.
STEAR, Councillor, c/o the Town Clerk, Saffron Walden.
STEEDE, B. H., M.D., c/o the Hon. Secretary, National Hospital for Consumption, 5 Leinster Street, Dublin.
STEEGMAN, EDWARD J., M.B., D.P.H., 1 Grove Park Gardens, Chiswick, W.
STEEL, JAMES, Lord Provost (*S.V.P.*), City Chambers, Edinburgh.
STEEL, JOHN, M.R.C.V.S., Montrose, Mitcham, Surrey.
STEELE, J., Ravenswood, Kidsgrove, Stoke-on-Trent.
STEEN, J. DUNBAR, Graiseley, Wolverhampton.
STEHR, Dr. F. A., Roermond, Holland.
STEINHAEUSER, JOHN R., M.B., M.O.H., c/o the Town Clerk, Lewes.
STEPHANI, Dr. TH., Sanatorium de Beauregard, Montana, Switzerland.
STEPHENS, LOCKHART E. W., M.O.H., The White House, Emsworth, Hampshire.
STEPHENSON, CLEMENT, Sandyford, Newcastle-upon-Tyne.
STERLING, Dr. SEWERYN, 36 Cegliana Strasse, Lodz, Russian Poland.
STERNBERG, Dr. G. M. (*V.P.*), Washington, U.S.A.
STEVEN, JOHN L., M.D., 16 Woodside Place, Glasgow.
STEVENS, F., D.P.H., M.O.H., Town Hall, Camberwell, S.E.
STEVENS, FREDERICK R., M.R.C.V.S., Clarendon Road, Redhill, Surrey.
STEVENSON, THOMAS, F.R.C.P., Guy's Hospital, S.E.
STEWARD, J. A. (Mayor), High Street, Worcester.
STEWART, HASTINGS, M.R.C.S., 6 Albany Courtyard, Piccadilly, W.
STEWART, JAMES W., M.D., Indiana, U.S.A.
STILES, HAROLD J., 8 St. Colme Street, Edinburgh.
STILL, Dr., 114 Harley Street, W.
STIMPSON, GEORGE, Grand Avenue, Central Market, E.C.
STIRLING, Dr. E. C., C.M.G., M.A., F.R.S., c/o J. A. Stirling, Esq., Winchester House, 50 Old Broad Street, E.C.
STOCKALL, J. J., 6 and 8 Clerkenwell Road, E.C.
STOCKMAN, Professor RALPH, 16 Newton Terrace, Glasgow.
STOCKMAN, Professor STEWART, M.D., 14 The Common, Woolwich.

STONE, Dr. A. K., Boston, Massachusetts, U.S.A.
STONE, MATTHEW, Wath-upon-Dearne, Rotherham.
STONER, F., 29 Beaufort Street, Liverpool.
STORIE, JOHN, M.R.C.V.S., Manor House, East Linton, Prestonkeith.
STORY, ROWLAND, 69 Aberdare Gardens, West Hampstead, N.W.
STOUT, Alderman E., Pitt Hill, R.S.O., Durham.
STRACHEY, EDWARD, M.P., 27 Cadogan Gardens, S.W.
STRATHCONA AND MOUNT ROYAL, Lord (*V.P.*), 28 Grosvenor Square, S.W.
STREATFEILD, Mrs., 43 Hyde Park Square, W.
STREETEN, Dr. F. E., M.O.H., 26 High Street, Swindon.
STROUD, E. LIONEL, M.R.C.V.S., 29 Spring Gardens, W.
STUART, Miss, 5 Wellesley Mansions, W. Kensington, W.
STUART, J. A. ERSKINE, M.O.H., c/o the Town Clerk, Batley.
STUART, Professor T. P. A., M.D., LL.D. (*S.V.P.*), the University, Sydney, New South Wales, Australia.
STUART, WILLIAM W., Chelsworth Cottage, Welling, Kent.
STUART-LOW, WILLIAM, F.R.C.S., 45 Welbeck Street, W.
STUBBS, Rev. STEWART D., M.A., 29 Penton Place, W.C.
SUGDEN, E. SCOTT, The Laurels, Orrell Lane, Aintree, Liverpool.
SUGDEN, Alderman HENRY, Woodfield, Brighouse.
SUMMERSKILL, Dr. WILLIAM, 46 Doughty Street, W.C.
SUTHERLAND, the Duke of (*V.P.*), Stafford House, St. James's, S.W.
SUTTON, Alderman, c/o the Town Clerk, Warrington.
SWALE, G. M., M.D., Nassau City, Iowa, U.S.A.
SWANWICK, Dr. EUSTACE, West Hartlepool, Durham.
SWEETING, RICHARD D., M.A., M.B., D.P.H., 6 Hereford Mansions, Bayswater, W.
SWITHINBANK, HAROLD, Denham Court, Denham, Buckinghamshire.
SWITHINBANK, Mrs., Denham Court, Denham, Buckinghamshire.
SWORDER, Dr. HORACE, c/o the Town Clerk, Luton.
SYKES, JOHN, M.D., 40 Camden Square, N.W.
SYME, W. S., Gamlingay, Sandy, Bedfordshire.
SYMONS, W. H., M.D., D.P.H., M.O.H., the Guildhall, Bath.
DE SZEGEDY-MASZAK, Dr. med. ELEMÉR, Buda-Pesth, Hungary.

T.

TACHIBAMA, Dr. T., Tokio, Japan.
TAIT, E. S., 48 Highbury Park, N.
TAIT, HENRY, 22 Sunnyside Road, Hornsey Lane, N.
TAIT, JAMES, M.R.C.V.S., Forres, N.B.
TAIT, J. SINCLAIR, M.D., F.R.C.S., Newfoundland.
TATE, EDWIN, 1 Collingham Gardens, S.W.
TATHAM, JOHN, M.A., M.D., D.P.H., General Register Office, Somerset House, W.C.
TAYLOR, ALFRED E., M.B., F.R.C.S., 26 Lancaster Gate, W.
TAYLOR, Lady JANE, 16 Eaton Place, S.W.
TAYLOR, Miss, 16 Eaton Place, S.W.
TAYLOR, JOHN, The Know, Keith.
TEMPLEMAN, CHARLES, M.D., M.O.H., the Town Clerk's Office, Dundee.
TEMPLETOWN, the Viscount, Carlton Club, Pall Mall, S.W.
TENNANT, the Hon. Sir David, K.C.M.G. (*V.P.*), 112 Victoria Street, S.W.
TETLEY, Alderman C. F., M.A., J.P., Springbank, Headingley, Leeds.
TEW, Dr. J. S., M.O.H., 10 The Bordyke, Tonbridge.

THEOBALD, W. K., Consumption Hospital, Brompton, S.W.
THOINOT, Dr. L. (*V.P.*), 8 Rue de l'Odéon, Paris.
THOMAS, A. R., U.S.A. Consulate, St. Helen's Place, E.C.
THOMAS, D. C., D.P.H., M.O.H., 43 Whitehouse Street, Stepney, E.
THOMAS, D. DANFORD, M.D., 20 Brunswick Square, W.C.
THOMAS, Councillor H. J., 3 Wood Street, Bath.
THOMAS, J. LYON, Greenlawn, Penylan, Cardiff.
THOMAS, JABEZ, F.R.C.S., Ty Cerrig, Swansea.
THOMAS, Dr. R. H., Baltimore, U.S.A.
THOMAS, THOMAS, Windy Hill Farm, Middleton, Leeds.
THOMAS, WALTER W., Commerce Chambers, 15 Lord Street, Liverpool.
THOMASSEN, Professor (*V.P.*), Utrecht, Holland.
THOMPSON, E. SYMES, M.D., 33 Cavendish Square, W.
THOMPSON, Sir HENRY, Bart., F.R.C.S., 35 Wimpole Street, W.
THOMPSON, Councillor WILLIAM, 37 Mount Ararat, Richmond.
THOMSON, ARTHUR, M.A., M.B., Payton House, Stratford-on-Avon.
THOMSON, Dr. DAVID, Stourfield Park Sanatorium, Pokesdown, Bournemouth.
THOMSON, H. ARCHER, B.A., F.I.A., Parkwood House, Whetstone, N.
THOMSON, J. ROBERTS, M.D., J.P., Monkchester, Bournemouth.
THOMSON, STCLAIR, M.D., F.R.C.S., 28 Queen Anne Street, W.
THOMSON, THEODORE, M.D., 3 Plowden Buildings, Temple, E.C.
THORNE, W. BEZLEY, M.D., 53 Upper Brook Street, W.
THORNTON, T., 23 Egerton Gardens, S.W.
THORNTON, JOHN, 7 Princes Street, Hanover Square, W.
THOROWGOOD, JOHN C., M.D., F.R.C.P., Springfield, Bognor, Sussex.
THRASHER, Dr. ARTHUR B., The Groton, N.E. Cor. 7th race, Cincinnati, Ohio, U.S.A.
THRESH, JOHN C., M.D., M.O.H., Spergula, Chelmsford.
THURNAM, W. ROWLAND, M.D., Nordrach-upon-Mendip, Blagdon, R.S.O., Somerset.
TIDSWELL, FRANK, Department of Public Health, New South Wales, Australia.
TILLEY, HERBERT, M.D., F.R.C.S., 89 Harley Street, W.
TODD, Miss HELEN (Matron), National Sanatorium for Consumption, Bournemouth.
TODD, HENRY R., F.R.C.S.I., 12 Chester Square, S.W.
TODD, J. ALEXANDER, M.R.C.V.S., 74 Chapel Road, Worthing.
TODD, Councillor W. LANG, City Chambers, Edinburgh.
TOLLEMACHE, 61 Cadogan Gardens, S.W.
TOMLIN, WILLIAM, Hollydene, Birchington.
TOOLEY, the Hon. JOHN T., Sydney, New South Wales, Australia.
TOPHAM, T., The Twenlove, Whitchurch, Salop.
TOTSAKA, Dr. K., ksl. Japanische Stabsartz, 105 IIb Invalidenstrasse, Berlin.
TOZER, the Hon. Sir HORACE (*V.P.*), Queensland, Australia.
TRAVANCORE, the Maharajah of, c/o P. MacFadyean & Co., Winchester House, Old Broad Street, E.C.
TRENCH, Colonel the Hon. LE POER, 3 Hyde Park Gardens, W.
TRENCHARD, H. J., Nordrach-upon-Mendip, Blagdon, R.S.O., Somerset.
TRENDELL, Sir ARTHUR, C.M.G., 14 Ladbroke Square, W.
TRENDELL, Mrs. HERBERT, 14 Ladbroke Square, W.
TREVELYAN, Professor E. D., M.D., B.Sc., 40 Park Square, Leeds.
TREVETHICK, EDGAR, M.D., M.A., 24 Promenade, Cheltenham.
TRICHET, M., 3 Avenue Victoria, Paris.
TRIGGER, ROBERT C., F.R.C.V.S., Newcastle, Staffordshire.
TRIMESCO, Dr. STEPHEN, 211 Boulevard Raspail, Paris.
TROISIER, Dr., 25 Rue La Boëtie, Paris.

TROTMAN, CHARLES A., M.D., 3524 Lawton Avenue, St. Louis, Missouri, U.S.A.
TROTTER, A. M., M.R.C.V.S., Moore Street Slaughter House, Glasgow.
TRUDEAU, Dr. E. L. (*V.P.*), Saranac Lake, New York, U.S.A.
TUBB-THOMAS, JOHN, D.P.H., M.OH., County Offices, Trowbridge, Wiltshire.
TUCKER, HARRY B. (*General Manager of the Bath and Somersetshire Dairy Company, Limited*), Hughenden, Oldfield Park, Bath.
TUKE, Sir JOHN, M.D., D.Sc., F.R.S.E., Balgreen, Gorgie, Edinburgh.
TUKE, THOMAS S., M.A., M.B., 30 Queen Anne Street, W.
TULLIS, JAMES J., Burnside, Rutherglen, N.B.
TULLOCH, FORBES, 15 Delamere Street, Paddington, W.
TUNNICLIFFE, Professor F. W., 6 Devonshire Street, Portland Place, W.
TURNBULL, Miss M. B., New Hospital, 144 Euston Road, N.W.
TURNBULL, ALEXANDER, M.A., M.D., Royal Societies Club, St. James's Street, S.W.
TURNER, Dr. A. JEFFERIS, Queensland, Australia.
TURNER, T. W., M.R.C.V.S., Sleaford, Lincolnshire.
TURNER, WILLIAM, M.A., M.D., Gibraltar.
TUTT, JOHN S., F.R.C.V.S., 55 Southgate Street, Winchester.
TYNDALL, Mrs., Hind Head House, Haslemere, Surrey.
TYSON, Dr. J., 1506 Spruce Street, New York, U.S.A.

U.

UCHERMANN, Dr. V., Christiania, Norway.
UCHIDA, Dr. med. S., Petersburgerstrasse 43, Berlin.
UHLMANN, CLEMENS, Gellertstrasse 7/9, Leipzig, Germany.
URQUHART, A. R., M.D., F.R.C.P.E., James Murray's Royal Asylum, Perth.

V.

VACHER, FRANCIS, F.R.C.S., M.O.H., Glanmore, Shrewsbury Road, Birkenhead.
DE VALLANCEY, A., 34 Shaftesbury Road, Hammersmith, W.
VAUDREMER, Dr. ALBERT, Rue Félix Faure 50, Cannes, France.
VENNING, EDGECOMBE, F.R.C.S., 30 Cadogan Place, S.W.
VERHAEREN, Dr. CASIMIER, Algiers.
VERNEY, Sir EDMUND, Bart., Claydon House, Winslow, Buckinghamshire.
VERNON-JONES, L., M.D., 7 Arlington Street, Piccadilly, S.W.
VIDAL, Dr. E., Hyères, France.
VIEIRA, Dr. J. J., Rio de Janeiro.
VILLAR, SIDNEY, F.R.C.V.S., Harrow-on-the-Hill.
VINRACE, Councillor, M.R.C.S., 24 Alexander Square, South Kensington, S.W.
VIVANT, Dr. J. E., 83 Rue de Rivoli, Paris.
VLEMINCK, Dr., 18 Rue Thérésienne, Brussels.
VOELCKER, J. AUGUSTUS, M.D., 20 Upper Phillimore Gardens, S.W.
VOISIN, FÉLIX (*V.P.*), 11 bis Rue de Milan, Paris,
VOLKHMAR, Dr. HANS, Christiania, Norway.

W.

WACE, CYRIL, F.R.C.S., 11 Southgate, Winchester.
WACHER, F., F.R.C.S., M.O.H., c/o the Town Clerk, Canterbury.
WADE, Dr. WILLIAM S., M.O.H., York Street, Wakefield.
WAGGETT, ERNEST, M.B., 45 Upper Brook Street, W.
WAITE, Councillor Dr. D. A., 37 Westbourne Park Road, W.
WAKELING, J. G., Mena House, Cairo, Egypt.
WAKEMAN, Sir OFFLEY, Bart., Yeaton Peverey, Shrewsbury.
WAKLEY, THOMAS, *The Lancet* Offices, 423 Strand, W.C.
WAKLEY, THOMAS, Junior, *The Lancet* Offices, 423 Strand, W.C.
WALCH, CHARLES N. CROSBY, M.B., 54 Macquarie Street, Hobart, Tasmania.
WALDEN, ROBERT WOOLLEY, 65 Elizabeth Street, S.W.
WALFORD, EDWARD, M.D., D.P.H., M.O.H., c/o the Town Clerk, Cardiff.
WALFORD, ERNEST L., 19 York Terrace, Regent's Park, N.W.
WALKER, Dr., 20 St. James's Palace, S.W.
WALKER, A. DUNBAR, M.D., 26 Pembridge Gardens, W.
WALKER, H. G., M.D., 5 Marloes Road, Kensington, W.
WALKER, Miss JANE, M.D., 62 Gower Street, W.C.
WALKER, Councillor Dr. J. WEST, J.P., Hundelby House, Spilsby, Lincolnshire.
WALKER, NORMAN D., M.B., 26 Pembridge Gardens, W.
WALKER, Dr. S. J., 100 Lincoln Park Boulevard, Chicago, U.S.A.
WALKER, Dr. SAMUEL JOHNSON, Karlstrasse 43, Berlin, N.W.
WALKER, WILLIAM, Oak Lea, Whitehaven.
WALLACE, C. LEIGH HUNT, 38 Russell Square, W.
WALLACE, HENRY, Offices of *Wallace's Farmer*, Iowa, U.S.A.
WALLACE, JAMES, M.D., M.O.H., 16 Union Street, Greenock.
WALLACE, JOHN, M.B., B.Sc., 1 Oriel Terrace, Weston-super-Mare.
WALLENSTEIN, Dr. P., Moscow.
WALLICH, C., Brocknorth Park Farm, Gloucester.
WALLIS, Dr. C. EDWARD, 38 Queen Anne Street, Cavendish Square, W.
WALLIS, WHITE, F.S.S., Sanitary Institute, Margaret Street, W.
WALSER, CONRAD, 87 Addison Road, Kensington, W.
WALSHAM, HUGH, M.D., M.A., 114 Harley Street, W.
WALTERS, F. R., M.D., 21 Wimpole Street, W.
WALTERS, Dr. J. HOPKINS, 15 Friar Street, Reading.
WANDSWORTH, Lord, 10 Stanhope Street, W.
WARDLEWORTH, Councillor, 240 Walmesley Road, Bury, Lancashire.
WARE, Dr. J. W. L., Barnstaple.
WARNER, F. ASHTON, F.R.C.S.E., 10 Brechin Place, S.W.
WARREN, M., 35 St. Mary Street, Cardiff.
WARRY, JOHN K., M.D., D.P.H., M.O.H., 39 Filey Avenue, Clapton Common, Hackney, N.E.
WATERS, A. C., M.B., M.O.H., c/o the Town Clerk, Southend-on-Sea.
WATSON, J. H., Hygeia, Balmoral Road, Willesden Green, N.W.
WATSON, WILLIAM, M.O.H., c/o the Town Clerk, Rochester.
WATT, Dr. JAMES P., M.O.H., County Buildings, Aberdeen.
WATTS, SYDNEY, Yeovil.
WATTS, W. F., M.O.H., c/o the Town Clerk, Dewsbury.
DE WALTVILLE, WALTER, M.B., Grampian Sanatorium, Kingussie, N.B.
WEAR, ARTHUR T., M.D., 1 Wentworth Place, Newcastle-upon-Tyne.
WEATHERLEY, LIONEL A., M.D., Bailbrook House, Bath.

WEATHERLEY, Miss, Bailbrook House, Bath.
WEAVER, Dr. J. J., M.O.H., c/o the Town Clerk, Southport.
WEBB, Dr. CURTIS, 6 Collingham Place, S.W.
WEBER, F. PARKES, M.A., M.D., 19 Harley Street, W.
WEBER, Sir HERMANN, M.D., F.R.S. (*V.P.*), (*S.V.P.*), 10 Grosvenor Street, W.
WEBER, Lady, 10 Grosvenor Street, W.
WEEKES, ARTHUR, Mansion House, Hurstpierpoint.
WEISMAYS, Dr. RITTER A. (*V.P.*), Alland, bei Baden, Germany.
WEISS, Frau HENRIETTA, Wollebengasse 9A, Vienna.
WELCH, W., Cranleigh, Guildford.
WELCH, Dr. W. H., 935 St. Paul Street, Baltimore, U.S.A.
WELLCOME, H. S., Snow Hill Buildings, E.C. (rep. Messrs. Burroughes, Wellcome & Co.)
WELLS, A. PRIMROSE, 16 Albemarle Road, Beckenham, Kent.
WELLS, ERNEST, 12 Mountford Road, Hackney, N.E.
WELSH, D. A., M.D., 6 Merdale Crescent, Edinburgh.
WERNER, Dr. General und Korpsarzt, Ansbacherstrasse 14, Berlin, W.
WEST, SAMUEL, M.D., F.R.C.P., 15 Wimpole Street, Cavendish Square, W.
WESTMACOTT, F. H., F.R.C.S., 23 St. John Street, Manchester.
WETHERED, F. J., M.D., F.R.C.P. (Hon. Secretary of Section III.), 83 Harley Street, W.
WETHERELL, Alderman T., Billing Road, Northampton.
WHARAN, S., M.R.C.V.S., Sholebroke Avenue, Leeds.
WHEATLEY, JAMES, M.D., M.O.H., c/o the Town Clerk, Blackburn.
WHERLEY, Councillor EUGENE, 70 Leman Street, E.
WHERRY, Alderman W. R., Bourne, Lincolnshire.
WHITAKER, Dr. ALFRED B., 30 Warrengate, Wakefield.
WHITE, E. F., F.R.C.S., Westlands, 280 Upper Richmond Road, Putney, S.W.
WHITE, JAMES, J.P., LL.D. (Mayor), Town Hall, Lambeth, S.E.
WHITE, P. ALEXANDER, 40 Brunswick Road, Poplar, E.
WHITE, WILLIAM H., M.A., M.D., 43 Weymouth Street, W.
WHITEHEAD, Sir JAMES, Bart., Wilmington Manor, near Dartford, Kent.
WHITEHEAD, JOHN L., M.D., Belgrave House, Ventnor, Isle of Wight.
WHITELEGGE, B.A., M.D., 5 Edwardes Square, Kensington, W.
WHITFIELD, EDWIN, The Hollies, 395 Coventry Road, Small Heath, Birmingham.
WHITFIELD, Mrs. EDWIN, The Hollies, 395 Coventry Road, Small Heath, Birmingham.
WHITING, ARTHUR J., M.D., 142 Harley Street, W.
WHITLA, WILLIAM, M.D., 8 College Square North, Belfast.
WHITLEY, S. R., Puttenden Manor, Lingfield, Surrey.
WHITMORE, Dr. B. T., 90 Maiden Lane, New York.
WHITTALL, W. H. J., 15 St. James's Square, S.W.
WHITWELL, Dr. A. FRANK, 27 Castle Street, Shrewsbury.
WHITTY, Dr. J. A. ST. GEORGE, 21 Collingham Gardens, S.W.
WICKSTEED, R. J., Ottawa City, Canada.
WIGG, Dr. JAMES, 36 Haverstock Hill, N.W.
WIGHTWICK, FALLON, M.D., 9A Upper Brook Street, W.
WILCOCKS, Dr. M. RUSSELL, M.D., University of Minnesota, Minneapolis, U.S.A (rep. Parke, Davis & Co.)
WILD, Councillor, c/o the Town Clerk, Bootle.
WILKINSON, JAMES B., M.D., D.P.H., c/o the Town Clerk, Oldham.
WILKINSON, JAMES H., M.O.H., c/o the Town Clerk, Dudley.
WILKINSON, WILLIAM, Fort Street, Derby.
WILLIAMS, CHISHOLM, F.R.C.S., 20 Bedford Square, W.C.

WILLIAMS, C. THEODORE, M.A., M.D., F.R.C.P. (*S.V.P.*), 2 Upper Brook Street, W.
WILLIAMS, Mrs. C. THEODORE, 2 Upper Brook Street, W.
WILLIAMS, Dr. D. J., Jamaica.
WILLIAMS, DAWSON, M.B., F.R.C.P., 2 Wyndham Place, Bryanston Square, W.
WILLIAMS, JOHN HUMPHREY, M.D., c/o the Town Clerk, Flint.
WILLIAMS, P. WATSON, 1 Victoria Square, Clifton, Bristol.
WILLIAMS, Colonel R., M.P., Bridehead, Dorchester.
WILLIAMS, WILLIAM, M.D., M.A., D.P.H., University College, Cardiff.
WILLIAMS, W. OWEN (*S.V.P.*), New Veterinary College, Edinburgh.
WILLIAMS, Colonel W. D. CAMPBELL (Principal Officer of New South Wales Military Forces), New South Wales.
WILLIAMSON, J., M.D., D.P.H., 6 Collinette Road, Putney, S.W.
WILLIAMSON, J. RUTTER, M.B., Merrow Dene, Guildford.
WILLOUGHBY, W. G., M.D., M.O.H., Heartfield Street, Eastbourne.
WILLS, Dr. CHARLES, Farnsfield, Nottinghamshire.
WILLS, Miss EDITH M., Farnfield, Nottinghamshire.
WILLS, Sir FREDERICK, Bart., 9 Kensington Palace Gardens, W.
WILLS, the Hon. H. CECIL, Caradon, Yelverton, S. Devon.
WILSON, Councillor A., F.R.C.S.E., Osborne Road, Newcastle-upon-Tyne.
WILSON, ALBERT, Minto House, South Woodford.
WILSON, A. L., M.R.C.V.S., Horse Department, L.C.&D. Railway, Blackfriars, E.C.
WILSON, CLAUDE, M.D., Belmont, Tunbridge Wells.
WILSON, C. NEWTON, Nordrach-in-Wales, Pendyffryn Hall, Conway.
WILSON, Dr. J. C. (*V.P.*), Logan's Port, Indiana, U.S.A.
WILSON, Dr. JOHN LYON, Buccleuch Place, Edinburgh.
WILSON, JOHN T., M.B., M.O.H., Hamilton, N.B.
WILSON, J. MITCHELL, M.D., 4 St. George's Villas, Thorne Road, Doncaster.
WILSON, PETER, M.R.C.V.S., Glenmore, Lanark.
WILSON, RICHARD M., M.D., Duffield Road, Derby.
WILSON, SCARLYN, M.O.H., c/o the Town Clerk, Hastings.
WINDLEY, Alderman, c/o the Town Clerk, Leicester.
WINKFIELD, ALFRED, F.R.C.S., 26 Beaumont Street, Oxford.
WISE, A. T. TUCKER, M.D., Montreux, Switzerland.
WISEMAN, R., 100 Beldon Road, Great Horton, Bradford.
WISHART, F. W. F., Hill of Fiddes, Foveran, Aberdeenshire.
WITTENOOM, the Hon. E. H. (*V.P.*), West Australia.
WOLSELEY, Dr., Barbados.
WOOD, A. E. (Secretary), the National Hospital for Ireland, Newcastle, Co. Wicklow.
WOOD, A. W., Turriff, N.B.
WOOD, E. STANLEY, Gwydir House, Cambridge.
WOOD, RICHARD, M.D., Sunnyside, New Road, Bromsgrove, Worcester.
WOOD, T. CUTHBERTSON, M.D., 40 Margaret Street, Cavendish Square, W.
WOODCOCK, Dr. HERBERT DE C., Moorville, Beeston Hill, Leeds.
WOODHEAD, Professor SIMS, M.D., F.R.C.P. (President of Section III.), 6 Scrope Terrace, Cambridge.
WOODHEAD, Mrs. SIMS, 6 Scrope Terrace, Cambridge.
WOODHOUSE, R. H., 40 Leicester Square, W.C.
WOODRUFF, Professor H. A., M.R.C.V.S. (Hon. Secretary of Section II.), Royal Veterinary College, Camden Town, N.W.
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DUKE STREET, STAMFORD STREET, S.E., AND GREAT WINDMILL STREET, W.